



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

April 1993

AIDS Ministry at MCC of the Blue Ridge

Rev. Tom Bohache, the Pastor of MCC of the Blue Ridge in Roanoke, VA, says of his church's AIDS Ministry: "Many of the people in this area tend to be very closeted about being gay or lesbian, so HIV makes them even more closeted. But we do the best we can to be there for people when they're ready."

Roanoke is a city of 250,000, and is located in the beautiful Blue Ridge Mountains, about an hour away from Lynchburg, the home of Jerry Falwell and his church's Liberty University.

Rev. Bohache was the first clergyperson to engage in HIV/AIDS work in the area. More clergy have followed: at a recent interfaith AIDS service, there were Unitarian, Baptist, Lutheran and Episcopal clergy involved, as well as the Mayor and City Council of Roanoke. Bohache reports that a former mayor, who is a Southern Baptist minister, has also been very supportive.

MCC of the Blue Ridge has 38 members, and has about 50 people in attendance on any Sunday. Like many smaller MCC's in more rural areas of the U.S., MCC of the Blue Ridge works hand in hand with the local AIDS service organizations, the AIDS Council of Western Virginia, and the Blue Ridge AIDS Support Services. Rev. Bohache served on the Board of the Blue Ridge AIDS Support Services for the last two years, and now two members of MCC sit on that Board. Rev. Bohache's lover is the Executive Director of the AIDS Council of Western Virginia.

Rev. Bohache reports that there are a number of persons with HIV in the surrounding rural areas, and a large percentage of persons with HIV whom they serve are African-American women.

One of the primary ways that MCC of the Blue Ridge ministers to persons with HIV is through cash assistance. The Gene Gardner Memorial Fund was established in 1989, in memory of the first member of MCC of the Blue Ridge to die of the complications of AIDS. The Gardner family established the fund with an initial cash donation, and more money has



Rev. Tom Bohache and Ellen Whitt lighting the "Healing Candle".

been gathered through benefit concerts, the HIV/AIDS Vigils of Prayer, and through special offerings taken the first Sunday of each month. The Music Director of the church, who was Gene Gardner's lover, is very active in HIV/AIDS work, having lived with HIV asymptotically for 9 years. His benefit concert in September, 1992, raised over \$800 for the Gardner Fund.

The Gardner Fund has given out at least \$3,000 since Rev. Bohache arrived in 1990. This primarily goes to people with HIV/AIDS outside the church. The AIDS Council of Western Virginia refers clients to the church for items not covered by

(see Blue Ridge, page 3)

HIV/AIDS Programming Expanded for GCXVI

The UFMCC General Conference XVI, July 17-25, 1993 in Phoenix, AZ, will feature numerous workshops and activities for persons affected by HIV/AIDS.

Monday through Friday evenings at 5:30 p.m., there will be "Spiritual Strength for Survival" Support Groups for persons with HIV/AIDS to network and share with each other. At previous General Conferences, the HIV/AIDS Support Groups have been important

opportunities not only for support and sharing, but for making new friends.

Returning to Phoenix will be Alexandria Levine, M.D., to present the 1993 HIV/AIDS Medical Update. Dr. Levine is a world-renowned hematologist and HIV/AIDS researcher. She is a Professor of Medicine and Chief of Hematology at the University of Southern California School of Medicine.

Also returning to conduct workshops at General Conference XVI will be Alison

Arngim, noted AIDS activist and educator, and one of the stars of the long-running hit TV series, "Little House on the Prairie." Ms. Arngim has traveled extensively throughout the Fellowship since the last General Conference, raising funds for local MCC AIDS Ministry programs, and educating and inspiring congregations in their efforts against HIV/AIDS.

(see HIV/AIDS at GCXVI, page 3)

Medical Notes

[The following four articles are reprinted with permission from "Treatment Issues," Volume 7, Number 2, published by the Gay Men's Health Crisis, New York, NY.]

Organization For Women With HIV

WORLD (Women Organized to Respond to Life-threatening Diseases) is an organization "by, for and about women facing HIV disease." WORLD's important work includes publishing a newsletter, providing desperately-needed information and support, and sponsoring retreats for women with HIV. For more information, call (510) 658-6930, fax (510) 601-9746, or write WORLD, P.O. Box 11535, Oakland, CA 94611. ▼

Depression and Nutrition

Joan Priestley, M.D. of Los Angeles has written to suggest that, in her view, nutritional deficiencies common in HIV-positive individuals can cause cognitive and emotional changes. She believes that restoring these nutrients (especially vitamin B) should be considered when treating depression in HIV-seropositive patients.

Dr. Priestley advises that in the last six years she has utilized high-dose vitamin B (including B-6 and B-12) injections on over 600 persons with AIDS. She claims that since utilizing these vitamin B injections she no longer sees cases of depression or "AIDS dementia" (now referred to as "HIV-related neuro-cognitive disease") in her practice. ▼

New Zealand's Hero Project

MCC Auckland reports that an organization, "The HERO Project," has been established in New Zealand "to celebrate and strengthen the pride and health of gay and lesbian people, to promote the importance of safe sex and the reality of HIV/AIDS, and to raise funds for HIV/AIDS prevention and support services in Auckland."

The HERO Project was developed during 1990 to provide an event for gay and bisexual men that would act as a vehicle for the promotion of safe sex practices, and which would empower the gay community to respond effectively to HIV/AIDS. In 1991, HERO threw "The Party" which raised \$16,000 for HIV/AIDS prevention and support services and produced the first HERO paper, which is acclaimed both internationally and in New Zealand as a model of health promotion.

The HERO Project in 1992 became a gay and lesbian collaboration and raised \$60,000. The production of the larger HERO paper and associated sponsorship, combined with a week of associated cultural and sporting events, culminated with 3,700 people attending the party, called HERO 2.

The HERO Project in 1993 is pursuing a number of activities. The HERO Paper, released in December 1992, is a 48-page safe sex publication also containing portraits of heroism in the face of the AIDS epidemic. The HERO Festival, a celebration of diversity, including arts, sporting, and cultural events opened February 2. And HERO 3, the "ultimate" gay and lesbian dance party, was held Feb. 20 at Princes Wharf in Auckland.

The theme of the HERO Project in 1993 is "the HERO within, or the heroes of everyday life," -- in other words, everyone should celebrate individual heroism! ▼

Affording Care

Affording Care is a nonprofit U.S. organization dedicated to promoting the "financial empowerment of individuals who are seriously ill." The group publishes a newsletter providing information designed to help people make maximum use of the current U.S. health care system and avoid medically-caused impoverishment. Call (212) 262-9449 for more information. ▼

Cats Not A Significant Risk For Toxo

A report in the "Journal of the American Medical Association" (269:76-77, 1/6/93) found that people with HIV who owned cats were not at significantly greater risk of developing toxoplasmosis. The study of HIV-positive individuals found that 9.7% were positive for toxo antibodies and that 2% became toxo-positive over a one-to-five year follow up period. Of those who gave pet history records, only one individual had owned, lived with, or had close contact with a cat during the period of toxo seroconversion. The researchers also conducted a random survey of 87 HIV-positive individuals and found that 65% had owned or lived with a cat in the past five years, and that of these, only 12% tested positive for toxo antibodies. The authors conclude "that the routine use of serial testing for toxoplasmosis antibody is not likely to be cost-effective in HIV-infected adult patients in the U.S." ▼

ACTG Expands Sites For Proposed HIV Trial

The AIDS Clinical Trials Group (ACTG) of the U.S. National Institute of Allergy and Infectious Diseases (NIAID) has selected six additional candidate sites for the proposed trial of a novel, three-drug combination therapy for HIV infection. The trial, ACTG 241, has been in development since early January 1993.

According to the proposed design, all participants must have advanced HIV disease. Selected participants must have taken antiretroviral drugs such as zidovudine (AZT) or didanosine (ddI) for more than six months. Patients will be randomly selected to participate in either of two therapy regimens: a combination of 600 milligrams (mg) AZT and 400 mg. ddI daily versus the AZT/ddI combination plus a third drug, a non-nucleoside called nevirapine, in a 400 mg. dose daily, a total of 48 weeks. ACTG 241 is one of many multiple-drug combination therapies for HIV that NIAID has in development or under way.

Individuals seeking additional information should call 1-800-TRIALS-A, which is open from 9 a.m. to 7 p.m. EST and available in English and Spanish. ▼

Rev. Dee Dale Co-Facilitates Regional AIDS Meeting

Rev. Dee Dale, Pastor of MCC Louisville, KY, co-facilitated one of the 25 regional meetings which were held around the U.S. to provide grass-roots input to the final AIDS agenda. President Clinton is expected to present to congress. The meeting was held January 28, 1993, at the Quality Hotel Downtown, in Louisville.

Among the over 110 participants were individuals living with HIV/AIDS, health care workers, religious leaders, state and county health

officials, and representatives of AIDS service organizations. The region represented at this meeting included Kentucky; Nashville, TN; Cincinnati, OH; and Evansville and Indianapolis, IN.

The day-long meeting included an open forum, during which participants could raise issues which they wished to see included in a regional AIDS agenda. Small group discussions followed, in which issues were discussed and debated. A written recommendation for ac-

tion was developed by each group. The recommendation and the open forum discussion have been compiled into a document to be submitted for inclusion in the national recommendation, "Federal AIDS Agenda '93."

Recommendations were divided into five categories: Discrimination and Advocacy for People Living with AIDS/HIV Disease; AIDS/HIV Services and Care; AIDS/HIV Prevention and Education; Funding for AIDS/HIV Programs; and Public Policy.

Participants at the meeting chose two representatives to attend the national meeting, held Feb. 27-28 in Washington, D.C.

Rev. Dale told ALERT that the meeting was full of passion, urgency, and energy. One of the participants, James Hyde, Ph.D., a member of the faculty of the University of Louisville School of Medicine as well as the Board of Directors of the AIDS National Interfaith Network, praised Rev. Dale's skill in facilitating the meeting. ▼

ALERT

ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research and Treatment. The Editor is Rev. Dr. A. Stephen Pieters. For more information, or to send a donation, please write or call: ALERT, c/o UFMCC 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029; phone: (213) 464-5100.

HIV/AIDS at GCXVI

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AIDS Ministry workshops will include:

- * Creating AIDS Ministry in the Small Church
- * Bereavement Ministry as Evangelism
- * New Age and Traditional Theology in AIDS Ministry
- * Safer Sex Negotiating Skills
- * Humor and Healing
- * Church Leaders in Health Crisis
- * HIV/AIDS Public Policy in the U.S.A.
- * Do Opposites Attract? A Dialogue Among Men who are HIV-positive and HIV negative ▼

Blue Ridge

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government grants. The AIDS Ministry Team at MCC wrote the guidelines before Rev. Bohache arrived: a client is entitled to \$300 per year for housing assistance, such as rent or utilities, and an additional \$300 per year for medical needs, such as medical equipment or prescriptions.

In the past, the church has run a food bank, but since they do not have a building, distribution became a problem. The AIDS Council is trying to establish a drop-in center, since so many clients come from rural areas outside Roanoke, and they have nowhere to go while they're waiting for services. When the drop-in center is opened, MCC anticipates re-establishing their food bank there, as well as a clothing bank.

In the September, 1992 issue of "The Blue Ridge Banner," the newsletter of MCC of the Blue Ridge, Rev. Bohache writes: "In the Book of the Prophet Isaiah we read: 'Comfort, O comfort my people...' (Isaiah 40:1). I remember that this was the theme scripture when MCC's worldwide first began holding AIDS Prayer Vigils and Awareness Days in the mid-1980's. At that point there was not as much medical knowledge, nor as many treatments to prolong life for HIV-affected people, so frequently comfort was the only thing that could be offered in the midst of this devastating disease.

"Now in the early 1990's there is more that can be done medically. An HIV-positive test result no longer has to be a death sentence; there are treatments and medications which can prevent people with HIV from coming down with the opportunistic infections which used to mean certain death.

The more scientists and health care providers learn, the more that can be added to the quality of life of those with HIV disease.

"But comfort is still necessary. Most people in our society still do not know all of the facts about AIDS/HIV. They cling to the ignorance which masquerades as fact on tabloid television. They discriminate against people with HIV, making them still after all these years feel like lepers. Sometimes basic rights such as housing and employment are denied, simply because of a virus lurking in the blood. It is often irrelevant that a federal law prohibits such discrimination; as blacks and women have learned all too well, where there is a will to discriminate, a way can always be found.

"That's what MCC's continue to hold AIDS events in the month of September. We at our church have done a variety of things over the years: 50-hour prayer vigils, educational forums, worship services. This year the interested people in our congregation decided that the best way we can provide comfort to those with AIDS/HIV is to continue to provide financial assistance through our Gene Gardner AIDS Memorial Fund; there are many necessities which are not covered by governmental aid, and our fund has stepped in to fill that void, to the tune of thousands of dollars.

"If we all do our part, the words of Isaiah will be realized: the uneven ground will become level, and the glory of God will be revealed, and all people will see it together." ▼

"It Is The Beginning Of The End of AIDS"

by Rory Crath, MCC Long Beach

[Editor's Note: This article is reprinted from the March, 1993 "HIV News" of MCC Long Beach. The Charismatic Conference referred to in the article is an annual event at MCC Long Beach which took place this year on February 12-14, 1993.]

At Charismatic Conference, a word of prophesy was revealed at the lighting of a candle. How appropriate, that this candle was an AIDS memorial candle, an act of remembrance for all the saints who have died from AIDS, a gentle reminder of our continued need to walk collectively in our fight against AIDS, and a symbol of hope and faith that God's light will continue to shine brightly in the darkness. How glorious too, that what had been discerned in prayer was that this conference was to be the beginning of the end of AIDS.

These words do not stand alone. Rev. Elder Nancy Wilson of MCC Los Angeles announced that the same discernment had been made at her church's healing service the week before.

And there are signs around us, from the political arena to the scientific/medical communities that we have indeed entered a new era in the AIDS pandemic. Twelve years of Republican silence has been broken by a new administration, by a new President who dared to utter the word AIDS in the first minute of his acceptance speech.

For the first time, at the World AIDS Conference in Amsterdam last year, researchers and physicians began referring to AIDS, not as a "fatal illness," but as a "chronic illness." With the practicing of "wellness medicine," early intervention, anti-retroviral/combination therapies, and use of prophylaxis (preventive medications) for PCP and MAI -- statistics show that there is no longer a rapid, linear progression from the time of seroconversion to death. And Dr. Mark

Katz, HIV specialist and medical columnist in "Being Alive," Los Angeles, announced in a talk last week at St. Mary's Medical Center that "there would be a successful treatment...[and then he paused rather dramatically] dare I say a cure...within the next few years."

"...statistics show that there is no longer a rapid, linear progression from the time of seroconversion to death."

Good news has been proclaimed; but we are not called to just sit around and wait for the end of AIDS. With the Word comes action, both at an individual and collective level.

Remember, even though there is a Light shining brightly at the end of this tunnel, we are still surrounded by the darkness. And that means that we need to continue our fight, that we need to continue to walk hand in hand in faith towards that Light. Let's make today the time of the Beginning of new actions. ▼

Book Review: Families Re-membered by the Rev. Louis F. Kavar, Ph.D.

Families Re-Membered is a much expanded second edition of *Pastoral Ministry in the Aids Era*, by the Rev. Louis F. Kavar, Ph.D. The original book was published by the College of Chaplains in 1988. This new edition is published by Chi Rho Press, P.O. Box 7864, Gaithersburg, MD 20898.

This new edition incorporates many of the changes that have occurred in the last five years in the field of HIV/AIDS: changes in terminology, the new treatments and prophylaxes, and the shift in needs presented to caregivers as people live longer, and often without symptoms.

The new edition helps attune

caregivers to the restructured relationships within family systems of persons living with HIV/AIDS. Dr. Kavar writes that HIV/AIDS causes a shift in family dynamics so that families are often restructured, enlarged and changed - "re-membered."

Families Re-membered includes in its definition of family, the realities of the families of choice, on whom many persons with HIV/AIDS depend. In addition, the book considers the impact of HIV/AIDS on communities of faith, and explores the relationship of addictions to life with HIV/AIDS.

Dr. Kavar's book is grounded in his own counseling practice, and is clearly

and intelligently written. Dr. Kavar has been an invaluable resource to UFMCC in facing HIV/AIDS. His books on bereavement, liturgical resources, and pastoral care have been of consistently high quality, and this new, expanded edition of his 1988 book further reinforces his reputation as a skilled and sensitive counselor, writer, and teacher.

Dr. Kavar is Field Director for the Global Outreach program of World Church Extension for the UFMCC. He has been extensively involved in HIV/AIDS Ministry since 1983.

This book review was by Rev. Dr. A. Stephen Pieters. ▼



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August 1994

AidsCARE at MCC Toronto

AidsCARE



Ministering to people infected and affected by HIV & AIDS at Metropolitan Community Church of Toronto.

Our mission at AidsCARE, a program of MCC Toronto (MCCT), is to provide spiritual, emotional, and practical resources to people living with or affected by HIV and AIDS. This is accomplished by a full time staff who work with a large number of effective and committed volunteers.

The AidsCARE program, since its inception in 1990, has been privileged in assisting over 460 clients of whom, unfortunately, over 325 have died. These are alarming statistics here in Canada, but we at MCCT feel very privileged for having had the opportunity to assist them through AidsCARE.

AidsCARE is a sub-program of Community Care which offers assistance to all people with life-threatening illnesses. Community Care has and continues to be partially funded by the Jean-Pierre Perreault Estate, for which we are most grateful. J.P. was a Canadian broadcaster who died of AIDS complications in 1989. His caring and compassion for others continues through AidsCARE.

The program itself is comprised of three major areas of client service. The "We Care" phone contact program enables all clients to be regularly contacted by a Volunteer. A primary function of these volunteers is to support their clients throughout their illness and to refer them to other AidsCARE programs, church or community services. This program allows volunteers who don't wish to do hands-on work but still wish to assist those living with AIDS by regularly phoning them.

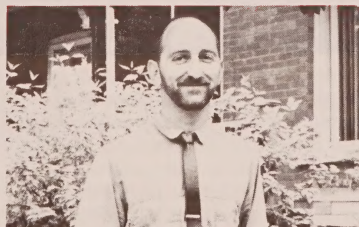
(see AidsCARE, page 2)

MCCT's Evan LeBlanc Receives Humanitarian Award

The Toronto Gay and Lesbian community holds its annual Pink Trillium Awards to celebrate and honor achievements and outstanding contributions to the community. The Pink Trillium Awards were established in August of 1992 and were based on San Francisco's Golden Cable Car Awards.

On February 27, 1994 the awards committee created the Honorary Pink Trillium Humanitarian Award. This award is decided upon by the College of Monarchs and is bestowed upon a person for outstanding community service.

Evan LeBlanc of the Metropolitan Community Church of Toronto was chosen as the 1994 recipient. Evan has contributed significantly to the Gay and Lesbian cause over a number of years. From 1985 to 1990, he was chaplain of Women's College Hospital in Toronto, where he first began assisting and caring for people with AIDS.



Evan LeBlanc

Since 1990 he has been working as coordinator of Community Care, including AidsCARE at MCCT. Through AidsCARE he coordinates a network of committed volunteers and responds to the practical and spiritual needs of people who are infected and affected by HIV and AIDS. He works with health care professionals, partners, families and friends providing support services to ensure everyone's comfort and well-

being.

Evan holds a bachelor of arts degree in sociology from St. Francis Xavier University in Antigonish, Nova Scotia. He also holds his master of divinity degree from St. Michael's College, University of Toronto School of Theology.

UFMCC AIDS Ministry joins the Pink Trillium Awards committee in congratulating Evan on his achievement. His commitment to the Gay and Lesbian community is one we can all truly celebrate.

The MCCT congregation was also nominated for three awards: Outstanding gay concert event, Outstanding community group, and Outstanding contribution to the community well-being.

In receiving the award, Evan LeBlanc stated, "I personally want to thank MCCT for enabling me to assist people with HIV, and therefore contributing to this award." ▼

AidsCARE

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Our "Buddy Support" program offers both emotional and practical assistance. Each Buddy is able to offer a one-on-one direct service to their client. Buddies are matched with clients with the hope that they will develop a mutual friendship by spending quality time together. Buddies are also expected to remain a buddy with their client throughout their illness.

Our largest program here at AidsCARE/MCCT at present is our Care Team program. These teams consist of a Team Leader, an apprentice and ten volunteers. A Care Team which assists one client basically does whatever is required. This is our palliative approach to caring. These teams are extremely devoted to the personal and physical care of a client who chooses to die in their own home. Consequently, training for these teams is very extensive as volunteers need to be trained and equipped to deal with intense emotional and physical issues.

Although all volunteers are expected to be open-minded and willing to offer spiritual support, we here at MCCT have in place a Sojourners program. These volunteers are specifically trained to deal with issues around death and dying and are trained to offer clients Communion, Anointing and to pray with them.

All our resources work in partnership with health care professionals, families, friends, and community agencies. Together we are striving for the care and well-being of each individual.

Our AidsCARE program is managed by Evan LeBlanc, a full-time paid staff who works with a network of committed volunteers. Although most of the volunteers come from MCCT we serve a significant number of clients from the Gay and Lesbian Community outside of the Church.

Our ministry here at MCCT reaches far beyond our church walls. AidsCARE is but one example of how MCCT is dedicated to bringing the good news of God's love to the community. Part of our uniqueness here at AidsCARE/MCCT is that over 60% of our clients are not church related or at least don't begin that way, and yet over 70% of all volunteers are from within the church.

A significant portion of what we do at AidsCARE is the day to day phone calls, regular workshops, support groups, and special events. One of those special events is our annual AIDS Vigil.

MCCT Annual AIDS Vigil

Christ has died.

Christ has risen.

Christ will come again.



Tree of Life

At MCCT AidsCARE we celebrate the lives of all those who have died from complications related to AIDS. Our annual vigil weekend is comprised of worship services, social times and workshops.

The opening service on Friday evening is a generic Memorial Service which invites all of the families, lovers, and friends of clients who have died. The invitation also goes out to the community at large. Our intent is to enable people to celebrate and remember those loved ones. It also gives an opportunity for those who were not able to attend a specific funeral or even those people who may regret not having had a service for their loved one may use this time to do so. "I didn't want to come, but now I really feel I was able to say good-bye."

(see AidsCARE, page 3)

World AIDS Day 1994: 'AIDS and The Family'

The World Health Organization (WHO) has chosen "AIDS and the Family" as its theme for World AIDS Day 1994, reflecting the fact that this year is the International Year of the Family. In the coming months, and in special events on and around December 1, WHO urges the world to focus especially on how families are affected by AIDS, how families can become more effective in both AIDS prevention and care, and on how families can contribute to global efforts against the disease.

"Families whose bonds are based on love, trust, nurture and openness are best placed to protect their members from infection and to give compassionate care and support to those affected by HIV and AIDS," says Dr. Michael Merson, Executive Director of WHO's

Global Programme on AIDS (GPA). "Families are also the place where the young learn to practice safe behavior and reject discrimination. If we all do our utmost within our families of choice - whether they are the people who share our home or those who share our planet - we shall help immeasurably to defeat AIDS in every family."

In the mid-1990's, many families are already disrupted by political upheaval, civil unrest, migration, and other factors. For millions of them, the human immunodeficiency virus (HIV) is an additional burden and growing threat.

In early 1994, according to GPA estimates, around 13 million women, men and children were living with HIV and AIDS worldwide. The problem would be devastating enough if limited to these

people alone, but it also has enormous repercussions on their families. Apart from the huge emotional loss of people dear to them, the families will also face a loss of income as breadwinners sicken and die; a loss of care, nurturing and stability; and in rural areas - as AIDS takes its toll on the labor available to till family plots - even a loss of food supply.

Increasingly, it is children who are paying the price of AIDS - not only through the loss of their parents, but also by becoming infected themselves. In 1993 about 700,000 children were born to HIV-positive women in Africa alone. Most of those born infected face an early death; those not infected will soon be orphaned. And if grandparents (see World AIDS Day 1994, page 4)

AidsCARE

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This service also encourages families, lovers and friends to share their stories. "I couldn't speak at my lover's funeral and I felt badly. It feels good to speak tonight."

A long tradition at MCCT is to display our "Tree of Life". This bare tree is situated at the front of the sanctuary beginning Friday evening. Each person entering the sanctuary is presented with three paper leaves. Everyone is encouraged to write the names of those they mourn or someone who is sick with HIV.

Throughout the weekend and for several weeks following, our tree of life continues to grow.

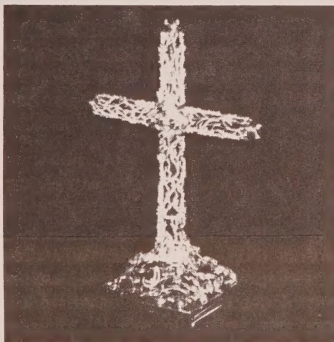
We at AidsCARE MCCT also have produced two large twelve foot AIDS Memorial Quilt panels naming all those who have died whom we were able to assist during their illness. Several other Quilt panels from the National Names Project were displayed at our 1993 service.

Part of our celebration is having fun. On Saturday evening we put on a concert talent show and invite all persons with AIDS and their friends. This form of spiritual laughter we have found to be one of God's great medicines. This is truly a celebration of those who are still struggling with AIDS.

Each year we invite guest speakers. We were privileged to have Rev. Stephen Pieters share with us his story. Storytelling is such a gift that we can share with others.

In February of 1993, MCCT celebrated its 20th anniversary. Part of our celebrations were bestowed on us with the presence of Rev. Elder Troy Perry, founder and moderator of UFMCC, and Rev. Bob Wolf, founder of MCCT.

Within one of our services, on February 28, MCCT/AidsCARE was presented with a very special and exquisite gift. This was an anonymous memorial gift which has become known as the AIDS Cross.



This cross, as described by the donor, "is an ancient symbol of suffering, sacrifice and love...This cross is crafted of precious gold, silver, and jewels to radiate love for all people and to express the gift of AIDS with beauty and grace."

This beautifully crafted cross is used at most of our AIDS funerals, memorials and religious events. It has become the lasting memorial to many of our people living with AIDS here at MCCT.

In Canada, especially here at MCCT, we are very privileged to be able to reach out and help people who are struggling with AIDS and to help people who are affected by this tragic disease.

God has indeed blessed us all, HIV or not. Christ did indeed die for all of us, rose for all of us and we will meet again. ▼

U.S. National Skills Building Conference

It's time to make plans to attend the premier U.S. AIDS conference for community-based organizations. This year the National Skills Building Conference will convene at the Atlanta Hilton and Towers on October 29 - November 1. The theme for this year's conference is "Yesterday's Dream, Tomorrow's Vision."

Scheduled keynote speakers include Johnnetta B. Cole, Ph.D., the first African-American woman appointed as President of Spelman College; U.S. Surgeon General Joycelyn Elders, M.D.; and Coretta Scott King, widow of Martin Luther King, Jr.

The National Skills Building Conference (NSBC), sponsored through a unique partnership between the AIDS National Interfaith Network (ANIN), the National Association of People with AIDS (NAPWA), and the National Minority AIDS Council (NMAC), is the only national management training conference exclusively designed to enhance the effectiveness and efficiency of individuals and organizations involved in the fight against HIV/AIDS. It is also the largest gathering of front-line AIDS workers in the U.S.

The 1993 conference was an overwhelming success. Nearly 1,300 individuals met in New Orleans to further develop their professional skills and expand their network of professional and personal colleagues.

A record number of participants are expected to attend this year's meeting. The three and one-half day conference has been designed to address the professional, personal, and spiritual needs of staff, directors and volunteers from community-based AIDS services organizations. Conference workshops and seminars will examine issues in a variety of areas, including fundraising, strategic planning, communications, and management issues. In addition, Critical Issues Institutes will provide a thorough look at some of today's most relevant HIV/AIDS issues, including AIDS Housing; HIV/AIDS Treatment Issues; AIDS, Medicine and Miracles; and individual institutes for Women, Youth, African Americans, Asian/Pacific Islanders, Latinos/os and Native Americans.

Registration for members of one of the three sponsoring agencies is \$240 per person prior to September 15. Registration for nonmembers is \$300. Special Issues Institutes are an additional \$75.

For registration information and packets, contact the NSBC office at 300 Eye St., NE, Suite 400, Washington, DC 20002-4389, or call (202) 546-6119. There will be no on-site registration. ▼

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Treatment Briefs

By David Gold

[The following three articles are reprinted with permission from GMHC Treatment Issues, Vol. 8, #6, July 1994]

Sulfasalazine Studied as HIV Treatment

Researchers from Cabrini Medical Center in New York City report that four HIV-positive patients given sulfasalazine (SFSZ) had substantial increases in CD4 Counts (Journal of Rheumatology 1994; 21:662-664). SFSZ is an approved treatment for a number of autoimmune diseases including rheumatoid arthritis. The four patients were all treated for Reiter's syndrome, an inflammatory joint disease that has been associated with HIV infection. After treatment for the syndrome, doctors noticed that mean CD4 cells increased

in the patient group from 315 to 542. CD4/CD8 ratios did not change except in one patient, in whom it doubled. No antiretroviral treatment was used in three of four patients. The effect of SFSZ on viral load was not measured. Although no side effects were reported, SFSZ can be suppressive to bone marrow. With the results from this very small, unblinded study, the researchers are currently working with a manufacturer to develop a larger trial of SFSZ in people with HIV.

D4T Approved By FDA

The U.S. Food and Drug Administration has cleared the anti-HIV drug d4T (brand name: Zerit) for marketing less than a month after its Antiviral Advisory Committee gave the drug a general nod of approval. d4T is a nucleoside analog similar in structure to AZT. It received formal approval for use in people with advanced HIV disease who are intolerant to other approved therapies, have experienced significant clinical or immunological deterioration while receiving these therapies or for whom such therapies are contraindicated. The recommended dose is 40 mg twice a day.

According to Bristol-Myers Squibb, the manufacturer of d4T as well as ddI, the drug will be in pharmacies by mid-July. Its wholesale cost amounts to \$6.22 per day. This is about 15 percent less than the cost of AZT.

World AIDS Day 1994

(continued from page 2)

or other relatives cannot or will not step in with the family support needed, the children may have to leave home and fend for themselves.

Our concept of family is not limited to relationships of blood, marriage, sexual partnership or adoption. It extends to a broad range of groups whose bonds are based on feelings of trust, mutual support and a shared destiny. This means that groups of street children, sex worker collectives, and self-help circles of drug injectors are "families." So are religious communities or support groups of people living with HIV and AIDS, and networks of governmental, nongovernmental and intergovernmental organizations. And any company - from the corner shop to the largest global corporation - can regard its workforce as a family to protect and support.

By early 1994, since the start of the pandemic, an estimated 15 million men, women, and children had been in-

fectured with HIV. Every day, 5,000 new infections occur, and the cumulative total of infections could more than double by the end of the century unless the world devotes far more energy and resources to AIDS prevention.

Designed to raise public awareness of AIDS and spur the response, World AIDS Day was observed for the first time on December 1, 1988. The most recent themes were "Sharing the Challenge" (1991), "A Community Commitment" (1992), and "Time to Act" (1993).

Hundreds of thousands of people worldwide took part in the last year's events and activities, which included concerts, interfaith worship services, speeches, marches, seminars, workshops, radio features, street theater, and special condom promotions.

For more information, contact: American Association for World Health, 1129 - 20th St., N.W., Washington, DC; (202) 466-5883. ▼

Long-Term Asymptomatics

Researchers in Amsterdam followed 61 HIV-positive men who remained asymptomatic for at least seven years and compared them with 142 men who progressed to AIDS (Journal of Infectious Diseases 1994; 169:1236-43). Long-term asymptomatic HIV infection was associated with high levels of antibodies to HIV core proteins and the absence of hepatitis B markers. No association with unsafe sex practices and recreational drug use was found.

Additionally, a test given to measure levels of psychological coping found no association between such skills and slower disease progression.

God Is Greater than HIV/AIDS!



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

April 1994

Rev. Elder Tan Looks at HIV/AIDS in Manila

MCC in Manila, the Philippines, received their first official UFMCC visit from Rev. Elder Hong Tan. As liaison elder, Rev. Tan spent February 28 through March 3 sharing with the church and its pastor, Rev. Dr. Richard Mickley. During his visit, he had opportunity to learn about how Manila is experiencing HIV/AIDS.

The number of diagnosed HIV/AIDS cases is relatively low. "Under 100 people have been diagnosed in Manila, or so I was told," says Rev. Elder Tan. "There could be potentially 150,000 to 200,000 infected." Such large numbers are projected because of the sex industry (with workers of both genders) which has been built up in Manila, like in Bangkok. There are many heterosexual men working as sex workers



Jomar Flores and Rev. Elder Tan

for relatively low money, so it would seem that there will be an explosion of HIV cases in both the homosexual and heterosexual populations.

Rev. Tan reports that an organization called "Reach Out" is the primary means of educating the people of Manila about the transmission of HIV. Reach Out has educated many persons in the sex industry about the importance and use of condoms. The organization also goes out to places where men have sex with men. For instance, Rev. Tan explains that cinemas are a very popular place where men meet men who don't identify as gay. Reach Out organizes their cinema outreach program with the cinema manager, and then go into the cinemas and sit and talk with the men. They advocate testing, have the men sign consent forms, and they take blood for testing at the cinema. This will be one of the largest surveys of men who have sex with men that has ever been conducted.

(HIV/AIDS in Manila, on page 3)

MCC's Rev. Ralph Lasher, Executive Director of Montrose Clinic



Rev. Ralph Lasher, a volunteer member of the clergy staff of MCC of the Resurrection in Houston, TX, U.S.A., serves as Executive Director of the Montrose Clinic in Houston. The mission of Montrose Clinic "is to develop and conduct research, education, prevention, treatment and service programs concerned with sexual behaviors and sexually transmitted diseases which will be available and fully accessible to the community."

Rev. Lasher was an Episcopal priest who was forced out of that church 35 years ago for being gay. While a priest, he served Episcopal parishes in the New York City area. During his last three years as a priest, he lived openly with his lover (they have now been together almost 40 years) in the rectory next door to the church. Lasher reports there were few problems in socializing as a couple with members of the New Jersey parish. It was when he came out to his bishop, that he was forced to resign.

Twenty-eight years later, Lasher was working as the AIDS program manager for the Montrose Clinic. While counseling a young man who had tested HIV-positive, and who had been expelled from a seminary because of his sexual orientation, Ralph told his own story, and for the first time felt drawn

(Montrose Clinic, on page 3)

An Hour With The AIDS Czar

By Rev. Lewis Broyles

"I cannot stress enough the need to meet with our religious leaders, and influence them to do the morally right thing when it comes to HIV/AIDS," said Kristine Gebbie, in her recent Milwaukee visit. In the city to address a luncheon gathering of AIDS service organizations, she came to our workplace early in the morning to spend two hours, one with faculty, the other with staff.

My secular job is as a Research Associate with the Community Health Behavior Program/Medical College of Wisconsin (MCW). This goes beyond being an educator in our community. It's more exact than that. It is utilizing every creative bone in my body to assist in coming up with an actual intervention that will re-shape individual decisions to use condoms, stay safe, and change behavior. The grant that funds us is from the National Institute of Mental Health through MCW. The leading investigator is psychologist Jeffrey A. Kelley, Ph.D.

Kristine Gebbie is a very warm person, and quickly said she remembered Rev. Steve Pieters from the White House meal they shared, when she was told I was clergy in UFMCC. "You'd be surprised at some of the clergy that are coming forward in support," she said. "Some that I never thought I'd see. They'll say, 'Don't push me on the issue of homosexuality and Scripture -- but don't think we are not here to help.'" Most of those clergy have had a congregant or family member contract HIV/AIDS; thus, they're having to deal with it whether they like it or not.

I found myself saying to her, "Hang in there; I know you get it from both sides. On the one hand, you're criticized for having anything to do with Gay/Lesbian people



Rev. Lewis Broyles and Kristine Gebbie

and on the other, you're criticized for having anything to do with the religious zealots. It can be very lonely," I said. "Having worked briefly while pastoring in Jackson, Mississippi with the Episcopal, Catholic, and Methodist Bishops, it can get you down, but you really can accomplish a lot if you just hang in there."

She went on to stress that prevention held the greatest hope for combating HIV/AIDS in the immediate future. ▼

Ten Years With AIDS And Still Dancing

By Rev. Steve Pieters

On April 4, 1994 I observe the 10th anniversary of my diagnosis of lymphoma, Kaposi's Sarcoma and AIDS. At that point I had already been sick for almost two years with what we now know as HIV disease. In 1985, both the lymphoma and Kaposi's Sarcoma went into complete remission while I was on the experimental drug, suramin. Suramin is no longer used against HIV because of severe toxic side effects.

Ten years later, I daily give glory and thanks to God for the miracle of being well. I like to point out that this miracle did not happen to an "ex-homosexual." But I also wonder why there haven't been more miracles of recovery like mine. True, there are others, like Ralph Masek and Kristofer Shihar. But if God has blessed us with such miracles, why haven't there been miracles for so many others?

It's a question I have struggled with for years, and one I will continue to ask. I am faced with the question every time a mother or lover of someone who has died from AIDS approaches me with the anger of their losses. I ask myself that question every time I hear of another death, or attend yet another memorial service.

Meanwhile, I will continue to celebrate life, to laugh

and to dance. I still live with HIV in my body. I have no guarantees about tomorrow. But I never did have a guarantee about tomorrow, even before I was diagnosed with AIDS. All any of us have is this moment.

In this moment, I am stunned by God's amazing grace. As I look back at ten years of living with AIDS, and twelve years of living with HIV disease, I am amazed that I am not only still alive, but well. I remember what it was like ten years ago when I was told I had eight months to live. I remember the fear, the despair, and the grief over the life I wanted yet to live. I also remember the shock of realizing how precious life is. I remember how the colors of nature suddenly seemed so much more vivid. I remember how I cherished the feelings of love and support from my family and friends. I remember the acute yearning for life I felt. I remember the poignant joy and gratitude I felt for my Easter faith.

Although the feelings are not as intense ten years later, they are still part of the background of my emotional and spiritual life.

I've been living with HIV/AIDS for over a decade now - a quarter of my life. I find myself walking a tight rope,

(Still Dancing, on page 4)

A Pastoral Letter From Rev. Susan Deitrick

[This article is an excerpt of Rev. Deitrick's pastoral letter of January, 1994. Rev. Deitrick was Co-Pastor with Rev. C. Jane Carl of MCC Ocean of Life in Costa Mesa, CA. Rev. Deitrick is a survivor of breast cancer. Rev.'s Carl and Deitrick resigned their pastorate on March 6, 1994.]

As I think over this past year, 1993, I have never been so happy to see a year end. It has been a time of great accomplishments, such as our powerful love force known as AIDS Team Ministry that is now feeding so many who cannot cook for themselves in our community. We have seen the budding of our new ministry of Samaritans sadly called into action with the assault of AIDS on our beautiful brother, Rev. Doug Bull. A powerful lesson came with our relationship with Doug.

Knowing he had AIDS, we dared to truly love him, let him into our hearts, and become an intimate part of our family. When we officially took him into membership over the telephone in the midst of a worship service, he in his hospital bed, we wept together - in both joy and sadness.

When Doug died Monday morning, December 6, our Samaritans had come forth in the prior two weeks, standing vigil, praying with Bruce and him, being present, even bathing him - loving him. When he died so peacefully after such a valiant struggle, our family felt the loss deeply and mourned together - as we still will for a while. Because of our resilience, though, through God's grace, we will rise to the head of the formation again, when needed, to be there for another we will love into eternity.

(Rev. Deitrick, on page 4)

Montrose Clinic

(continued from page 1)

back into the ministry. He transferred his credentials to MCC, and later became Executive Director of the Montrose Clinic.

Today, he helps facilitate the Empowerment for Living HIV-support group at MCC of the Resurrection. The group meets each Tuesday evening, and this month begins weekly consideration of the 10 principles of "Spiritual Strength for Survival." The Empowerment for Living group recently sponsored a visit from Rev. Steve Pieters, who preached at MCC of the Resurrection, and lectured on Tuesday evening on "Being Fully Alive with HIV/AIDS."

The Montrose Clinic, under Rev. Lasher's direction, provides outpatient medical services primarily concerned with sexually transmitted diseases, including HIV/AIDS. Among their services, the Clinic offers the hepatitis B vaccine, the HIV antibody test, immune system evaluation, and a pentamidine program. The clinic provides medical care to outpatients of low to moderate income who can't afford private care, but who are overqualified for public health care. They also provide case management for persons living with HIV/AIDS.

Supported by grants, volunteer hours, in-kind gifts, and private donations, the Clinic was founded in 1981,

HIV/AIDS in Manila

(continued from page 1)

The Executive Director of Reach Out is Jomar Flores, who served on the original interim board of MCC in Manila, and remains a friend of the church. His organization received funding from the World Health Organization, among other grants, and Flores has done consultant training overseas. He wants to work with MCC in prevention efforts targeting gay men.

Rev. Elder Tan spoke at Reach Out, talking about HIV in the United Kingdom, as well as addressing MCC's unique role in the HIV/AIDS pandemic. He spoke about "the need for people in general to start listening to the spirituality of people with HIV. God is in the margins, and people with HIV are pushed into the margins." Reach Out has plans to develop a course on the integration of spirituality and sexuality for their counselors. The course will be facilitated by Rev. Dr. Mickley and others from MCC Manila. Rev. Tan will provide resources on sexuality training.

Rev. Tan told ALERT, "MCC Manila has not had any members who have had HIV. When you talk about it, it's such a new experience for them." The Vice-Moderator of the church, Edgar Mendosa, lost a friend to AIDS, and told Tan that nothing prepared him for the experience. Experiences like Mendosa's prompted the founding of Reach Out.

Rev. Elder Tan was impressed with the people of MCC in Manila. "The church is very exciting. Most of the members are under thirty, so it's a very young church, and they have to be right upfront about prevention education. I felt a phenomenal potential. Their attitude was not 'what can MCC do for us, but what can we do for MCC?' They're very kind, gentle, and caring. And they love to sing!" ▼



Rev. Ralph Lasher and Keith Rasberry - two co-founders of Empowerment For Living in 1988; and Patricia Salvato, M.D., recent speaker at Empowerment and one of the first HIV physicians in Houston.

and in 1985 became the first HIV antibody testing and counseling program in Texas. Today, Rev. Lasher provides calm, steady, and effective leadership not only for the Montrose Clinic, but for members of MCC of the Resurrection who are living with HIV/AIDS. ▼

Northwest District Begins AIDS Newsletter

Rev. Don Magill, a UFMCC clergy-person living with AIDS in Tacoma, Washington, USA, has begun publishing a monthly AIDS Newsletter for the Northwest District of UFMCC. The newsletter's mission "is to expand awareness about AIDS and other catastrophic illnesses; to support people with AIDS and the churches of the Northwest District; and to advocate basic human rights for all people."

Eternal Light MCC in Olympia, WA,

is graciously donating the use of computer equipment for typesetting and layout of the newsletter, as well as covering the cost of postage and printing. The March, 1994 issue features articles about women and AIDS, breast cancer, and women's health resources.

To share news, opinions, and ideas, or to be added to the mailing list, write Rev. Don Magill, 4813 S. Yakima, Tacoma, WA, USA 98408; phone 206/474-9363. ▼

AZT & Maternal Transmission of HIV: Questions Remain

The media has heralded the news that a cooperative study of France and the U.S. has shown that pregnant women living with HIV are less likely to have HIV-infected babies when treated with AZT. However, both "WORLD" (Women Organized to Respond to Life-Threatening Diseases) and "AIDS Treatment News" raise concerns about the study.

Preliminary results of the study indicate that 8.3% of babies were HIV-positive when both mothers and babies received AZT, while 25.5% were positive after receiving a placebo. The U.S. National Institute of Allergy and Infectious Diseases (NIAID) urges that AZT therapy "may be of substantial benefit" to the infants of HIV-infected women.

However, the study does not reveal any indicators for predicting which mothers will benefit from AZT treatment. There is also no way of knowing whether AZT will work as well for mothers during subsequent pregnancies. Concern is expressed by Rebecca Denison of WORLD that the risk of taking AZT for mothers may not be weighed as heavily as the potential benefit for the babies. According to AIDS Treatment News (#194, March 4, 1994) "There is no data available so far to tell us whether the women who had the highest viral loads were most at risk for transmitting the virus... While HIV-positive women now have more hope that transmission of the virus to their babies is preventable, the preliminary results of this study will leave many questions unanswered, particularly for women anxious to weigh the risks before deciding whether or not to become pregnant."

A further problem exists in the fact that most of the babies being born to HIV-positive women are born in countries where basic health care is difficult, if not impossible, to access. AZT may not be available, and in some countries, such as the U.S., women may not be able to afford treatment with AZT.

Further information is available through NIAID's ACTG076 Questions & Answers, by calling the AIDS Clinical Trials Information Service at 800/TRIALS-A. ▼

Still Dancing

(continued from page 2)

balancing the joy of the miracle of being alive with the grief of having watched so many die. Ten years ago, I declared that even though I'd been diagnosed with AIDS, I could still dance. Today I'm still dancing, but my dance of life has changed. Now I'm also dancing for all my loved ones who have died. My dance is a memorial to all those with whom I have danced, who are now dancing with God. ▼

Women's Health Resources

(Reprinted with permission from the Northwest District AIDS Newsletter.)

The Women's AIDS Network

San Francisco AIDS Foundation
P.O. Box 426182, San Francisco, CA 94142; 415/864-4376, ext. 2007.

"Living with HIV: A Guide for Women" This booklet is for all women living with HIV disease and AIDS. It serves as a guide, and addresses the many issues facing women and their children with HIV infection. Chapters include: Introduction, Getting Help, HIV Disease, Your Health, Sex, Children and Pregnancy, Drug Trials, Legal Affairs, and Resources. For more information and/or to order this booklet, call or write:

Impact AIDS, Inc.
3692 - 18th Street
San Francisco, CA 94110
415/861-3397 fax 515/621-3951

National Women's Health Network

1325 G Street NW, Washington, DC 20005; 202/347-1140

WORLD (Women Organized to Respond to Life-Threatening Diseases) A newsletter by and for HIV-infected women. Sliding scale suggested donation. Write to:

WORLD, P.O. Box 11535
Oakland, CA 94611
510/658-6930

ALERT

ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research, and Treatment. Editor: Rev. Dr. A. Stephen Pieters. For more info, write: 5300 Santa Monica Blvd., #304, Los Angeles, CA 90029.

Rev. Deitrick

(continued from page 3)

You see, resilience isn't just a gift freely given; it costs us the struggle of being there, sharing the burden as well as the joy, and surviving together. It is the gift of love given in the capacity each is able to give; bearing the loss each is able to bear; reaching out and holding one another and allowing the tears; trusting that God's grace truly is sufficient - no matter what. ▼



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

May 1994

MCC of The Rockies Hires Case Manager for AIDS Ministry

Rev. Frank Beard, the Minister of Pastoral Care and Evangelism for MCC of the Rockies, successfully applied for Ryan White Title One Funds. As a result, on April 1, MCC of the Rockies hired Ms. Rose Montoya as a three-quarter time case manager of support services for persons living with HIV/AIDS.

Rev. Beard reports that some persons with HIV/AIDS cannot go to the Colorado AIDS Project for case management, because that agency has a requirement that a person's CD4 count be below 250 in order to receive services. "We don't have a t-cell count requirement," says Rev. Beard. "And there are a number of people who are sick with counts above 250. So Rose's job is to get these people in touch with services already in place." The grant will pay her salary for a year, and Rev. Beard hopes to renew the grant.

Ms. Montoya has most recently worked for the community Health Foundation of East Los Angeles, CA,



Ms. Rose Montoya

where she was also active in AIDS education. Originally from Denver, she returned home to care for her mother after a family tragedy last year. Ms. Montoya speaks both Spanish and English.

Rev. Beard is very excited about the

addition of Rose Montoya to the staff of MCC of the Rockies. "We're now able to reach a community our church has never been able to reach before. The church is often the first place they show up." Rev. Beard says that he now sees 10-15 people a month for issues related to living with HIV/AIDS.

MCC of the Rockies also has a Tuesday night support group for persons living with HIV/AIDS, and that has been in place for several years. They have an average attendance of about a dozen. Lay person Brent Barry is the facilitator.

Other HIV/AIDS-related activities at MCC of the Rockies include the recent visit of Alison Arngrim and Rev. Steve Pieters. (see related story, pg. 2).

Rev. Beard is also applying for two other Ryan White Title 2 funds, to pay for a mental health worker at the church, and another grant for emergency financial assistance for persons living with HIV/AIDS.

(continued on page 2)

"Choose Life"

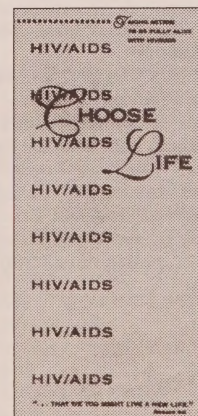
A New Resource From UFMCC AIDS Ministry

UFMCC AIDS Ministry has produced a new resource for persons living with HIV/AIDS. "Choose Life: Taking Action To Be Fully Alive with HIV/AIDS" was written by Rev. Steve Pieters, Field Director of UFMCC AIDS Ministry.

The brochure outlines twelve action steps people can take in order to lead a greater quality of life with HIV/AIDS. Topics include meditation, prayer, nutrition, exercise, maintaining self-esteem, and nurturing faith.

The pamphlet was designed as a resource which a pastor, deacon or any person in AIDS ministry can hand to a person facing an HIV/AIDS diagnosis. Many of the steps outlined in the pamphlet to foster a quality life with HIV/AIDS come from the experiences of people who have survived HIV and AIDS since the earliest years of the epidemic.

The new pamphlet is available from UFMCC Church Services, 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029 USA; phone (213) 464-5100; or fax (213) 464-2123. ▼



Arngrim & Pieters On The Road Again

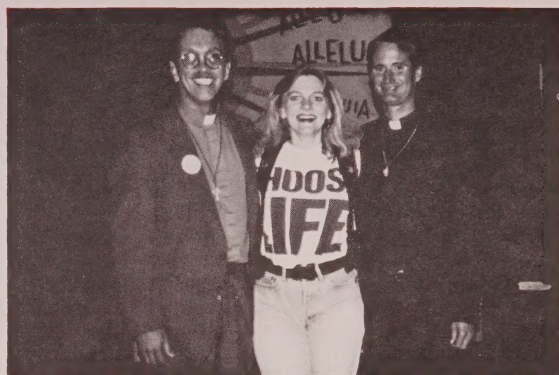
MCC of the Rockies and MCC Family in Christ shared Alison Arngrim and Rev. Steve Pieters during a recent weekend visit to Colorado. Ms. Arngrim, best known as "Nasty Nellie Oleson" on the TV hit, "Little House on the Prairie," is now an AIDS activist and educator, following the 1986 death of her TV co-star, Steve Tracy. Rev. Pieters is the Field Director of UFMCC AIDS Ministry, and a long-term survivor of AIDS.

Friday evening, at MCC of the Rockies in Denver, Steve introduced Alison, who served as M.C. for a cabaret featuring local singing talent and benefiting the church's AIDS Ministry, as well as a local support program for persons with HIV/AIDS. At the conclusion of the musical entertainment, Ms. Arngrim performed her

stand-up comedy act. The audience never stopped laughing, and formed a long line for autographs following the program.

Saturday, Arngrim and Pieters held a workshop at Colorado State University, as part of the University's Bisexual/Gay/Lesbian awareness week. The workshop title was "Laughing Through the Barriers: Gays and Straights Working Together in the AIDS Crisis." Later that evening, Pieters held a workshop on "Spiritual Strength for Survival" at the Ft. Collins MCC Family in Christ.

Sunday, the duo delivered a dialogue sermon, "Choose Life," at the two morning services of MCC of the Rockies. Following a church brunch, the pair did their workshop on "Laughter and Healing."



Rev. Steve Pieters, Ms. Alison Arngrim, and Rev. Mark Lee, Pastor of MCC Family in Christ.

They were then driven to Ft. Collins where they delivered their dialogue sermon again to MCC Family in Christ.

The weekend was judged an enormous success by both churches. Arngrim and

Pieters are also scheduled to bring their message to Christ Chapel MCC, Santa Ana, CA; Sunrise MCC of the Hi Desert, Lancaster, CA; MCC Silverlake, Los Angeles, CA; and MCC San Diego, CA. □

International AIDS Candlelight Vigil Scheduled for May 22

Metropolitan Community Churches all over the world will join with AIDS activists, caregivers, and persons living with HIV/AIDS on May 22 for the 11th annual International AIDS Candlelight Memorial and Mobilization.

UFMCC is once again a co-sponsor of the international event, which is organized by Mobilization Against AIDS, based in San Francisco. This year, Mobilization Against AIDS (MAA) has been joined by the Global AIDS Action Network (GAAN), a new international AIDS advocacy organization founded by former MAA executive director, Paul Boneberg, as coordinator of the event. Under the auspices of MAA, GAAN will coordinate all non-U.S. observances of the event. MAA will coordinate all U.S. observances, and will continue to oversee the entire program.

The 1993 Candlelight was observed in 225 cities in over 50 nations. President and Mrs. Clinton participated by lighting candles in the White House windows. Irish President Mary Robinson delivered the keynote address at the Dublin observance. The New Zealand Symphony Orchestra performed outdoors at the Wellington observance. African National Congress President Nelson Mandela and Diana, Princess of Wales, issued statements of support.

This year, approximately 230 cities in 45 nations will participate. ▼

MCC of The Rockies...

(continued from page 1)

MCC of the Rockies has already won a grant through FEMA (the U.S. Federal Emergency Management Administration) for emergency housing for persons with HIV/AIDS. Because of these funds, MCC of the Rockies can place someone in a motel for up to four nights, while they make more permanent arrangements.

Rev. Beard learned to write grants from his friend, Rev. Keith Chesney, a Presbyterian pastor. Rev. Chesney and his lover, Ray Klienjohn, both died from complications of HIV, but they left their entire estate to MCC of the Rockies, to provide low income housing for persons with HIV/AIDS. The church has formed a new corporation, Chesney/Kleinjohn Housing, Inc., in order to construct a new building with 15-20 apartments for persons with HIV/AIDS. Rev. Beard says, "They will be able to move in when they're still healthy, and stay there until they die. There is nowhere else in Denver where there is a dedicated facility for this." Support services for persons in the apartments will hopefully be provided through Rose Montoya's case management. ▼

ALERT

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Glimmering Hope, Resilience Revived

(By the Rev. Randy A. Lester)

(The following poem was written by Rev. Randy Lester a week after the non-AIDS related suicide of a close friend. Rev. Lester pastors MCC of the Central Coast in San Luis Obispo, California. He served as Chaplain/Pastor of MCC at the California Men's Colony (a state prison) for nearly four years. In addition, Rev. Lester volunteered as an MCC representative in the Del Norte Unit (HIV+ inmates) at the California Institution for Men in Chino. He and his life-partner, Ryan, live with their two Vietnamese pot-bellied pigs, Hamilton Beach and Remington Steele, in Grover Beach, CA.)

We,
Your hurting people,
bound together in our loss;
broken hearts, silent tears, hushed agony,
undiscovered dreams.

We,
Your peculiar people,
--oppressed, suppressed, depressed
lifted up to Your presence -- not apart from;
but a part of that which touches our lives.

We,
A dying people,
the pros, hustlers, addicts, gays, inmates, bisexuals,
women; (sometimes) not as valued as:
the babies, hemophiliacs, transfusion recipients.

We,
A tired people,
weary from burying our sisters and brothers,
fathers and mothers, infants and others;
losing count of the numbers,
forgetting some of the names, always remembering
that all were taken -- before their time.

We,
a surviving people,
thriving on determination,
gut-level will power -- previously unknown fortitude.

We,
a believing people;
holding onto a thread of hope,
an ounce of prevention, a hint of cure.

We,
a faithful people;
daring to believe that love -- Yours and ours,
can and does bring healing.

We,
a gentle people;
sensitive to wounded spirits, un replenished souls,
-- wandering minds and bodies.

We,
Your triumphant people;
carrying the gospel of bright-rare-tomorrow's,
into: Immune Suppression Units, prisons, nurseries,
hospices, and recovery programs.

We,
ordinary people;
with a "story to tell to the nations" of "Amazing Grace"
and to say -- in spite of it all --
"It Is Well With My Soul" ▼

MCCLA Contract With Bienestar

MCC Los Angeles has entered a contractual arrangement with Bienestar, a local HIV/AIDS service agency for the Hispanic community of Los Angeles. Rev. Jose Marcos Gonzalez is now offering 11 hours a week of spiritual counseling for Spanish-speaking persons with HIV/AIDS at Bienestar. Rev. Gonzalez has the added responsibility of offering pastoral support for the friends and family of persons with HIV/AIDS referred to him.

In speaking with ALERT, Rev. Gonzalez expressed great excitement about this new challenge, but also reflected on how draining AIDS ministry can be. Rev. Gonzalez has already been ministering to many persons with HIV/AIDS within his own congregation, and is finding a tremendous need for pastoral support services at Bienestar, as well.

Rev. Gonzalez is the Associate Pastor of MCC Los Angeles. He is in charge of the Church's Latin Ministry. ▼

Perry to Speak at U.S. National Lesbian/Gay Health Conference & AIDS Forum

Rev. Elder Troy Perry, Founder and Moderator of UFMCC, will be a keynote speaker at a plenary session of the U.S. National Lesbian and Gay Health Conference. He will share the dias with Martin Duberman and Barbara Gittings, discussing "The History of the Lesbian and Gay Movement." This plenary session will be held Wednesday evening, June 22, from 6:30 - 8:30 p.m.

The Conference, which includes the 12th Annual AIDS/HIV Forum, will take place June 21-25, 1994 in New York City. Concurrent to the Gay Games IV, and culminating with all the celebrations and pride demonstrations of Stonewall 25, the conference features over 200 workshops in 7 tracks: AIDS/HIV Forum, Lesbian and Gay Health, Mental Health, Substance Abuse, Strategies for Inclusion, Prevention, and Research.

In addition, on June 21, there will be full-day, intensive institutes on such subjects as Gay and Lesbian Youth, People of Color, Domestic Violence, Lesbian Health, Sexual Abuse, Grant Writing, and Lesbian and Gay Mental Health.

To receive more information and a preregistration brochure, write NLGHF Conference, c/o The George Washington University Medical Center, Office of Continuing Medical Education, 2300 K Street, N.W., Washington, DC 20037. ▼

Women and AIDS Regional Conference: "The Future is Now!"

A regional conference focusing on women and HIV/AIDS will be held May 18-22, 1994 in Detroit, MI, USA. The conference will address issues of concern to women, including medical, psychosocial, family, and psychological concerns. HIV-positive women and their caregivers, service providers, administrators, physicians, nurses, social workers, clergy and other professionals working with women with HIV and their families are suggested participants.

For information and registration, write "Women & AIDS Conference Registration," Detroit Health Department, HIV/AIDS Programs, 1151 Taylor, Detroit, MI 48202, or call (800) 409-9494; or (313) 876-4536. ▼

U.S. AIDS Lobbying

Washington, D.C., May 22-24, 1994

Local Districts May 29 - June 6, 1994

(reprinted with permission from "AIDS Treatment News", Issue #197, Apr. 15, 1994)

This year's AIDSWatch Lobby days "is dedicated to securing greater AIDS program funding in Congress during the appropriations cycle, with a focus on health care reform that will be beneficial for people living with HIV disease. The goal is to have representation from every Congressional district."

Those who cannot go to Washington for the May 22-24 events can help locally by lobbying their U.S. Representative and Senators during the Congressional recess, May 29-June 6.

For more information about either the Washington or the local district efforts, call Lisa Ragain, National Association of People With AIDS, 202/898-0414; or if you are affiliated with one of the

groups below, call them directly. This project is coordinated by NAPWA, and sponsored by: AIDS Action Council; AIDS National Interfaith Network; AIDS Policy Center for Children, Youth, and Families; AIDS Project Los Angeles; American Foundation for AIDS Research; CAEAR Coalition; Housing Works; Human Rights Campaign Fund; Mobilization Against AIDS; Mothers' Voices; National Alliance of State and Territorial AIDS Directors; National Community AIDS Partnership; National Hemophilia Foundation; National Minority AIDS Council; National Native American AIDS Prevention Center; Project Inform; San Francisco AIDS Foundation; Treatment Action Group;

and the Whitman Walker Clinic.

California: AIDS Budget Day May 16

California's Fourth annual AIDS Budget Lobby Day, consisting of a briefing on the California AIDS budget, a rally on the Capitol steps, and meetings with legislators and legislative staffs, will be Monday, May 16, from 10 am to 4 pm at the State Capitol in Sacramento. This event is sponsored by major AIDS organizations in both Northern and Southern California, and by Planned Parenthood Affiliates of California.

For more information, call 415/864-5855 x2537 (Northern California) or 213/993-1374 (Southern California). ▼

Sustained T-Helper Count Rise in Three-Drug Combination

AIDS Treatment News (Issue #194, March 4, 1994) reports on an Italian study which found "that a three-drug combination of AZT, alpha interferon, and thymosin alpha 1 resulted in a large increase in T-helper cell count, sustained for at least 18 months, in patients who started with a T-helper count between 200 and 500." ATN cautions that the study used a small sampling of patients, and there is no proof yet that the combination treatment had any clinical benefit: "no one in either the treatment or the control arms (of the study) progressed to AIDS." Italy has started a larger study of the protocol.

ATN further notes, "the two-drug combinations of AZT plus alpha interferon, or AZT plus thymosin alpha 1, seemed to work much less well than the three-drug combination, although better than AZT alone." ▼

AIDS, Medicine & Miracles Expands to 3 sites

The seventh annual "AIDS, Medicine and Miracles" conference will be held in three locations in 1994.

Reggie Williams will be the keynote speaker at the Rhinebeck, New York conference June 2-5. Deepak Chopra, M.D. will keynote the San Francisco conference July 14-17. Joan Borysenko, Ph.D., will deliver the keynote address in Boulder, Colorado, September 29 - October 2.

The conference theme this year is "What Holds Promise: Caring, Community, Coalition." A broad range of workshops and speakers will include topics such as grief and loss, sexuality and intimacy, addiction issues, death and dying, women's treatment issues, spirituality in healing, nutrition and HIV, and attitudinal healing.

For registration forms or information, contact "AIDS, Medicine, & Miracles," P.O. Box 9130, Maxwell Building, 311 Mapleton, Boulder, CO 80301-9130, or call 800/875-8770 or 303/447-8777. ▼

HIV News From Australia

Rev. Greg Smith, District Coordinator of UFMCC's Australian District, reports from Sydney that there is a new call by some doctors in New South Wales to force anyone undergoing invasive surgical procedures to be tested for HIV.

The controversy pits the president of the New South Wales Australian Medical Association, Dr. Michael Eagleton against the president of the Federal AMA, Dr. Brendan Nelson. Nelson supports the current policy, which suggests voluntary testing before surgery. Eagleton wants a policy which would allow a surgeon to order an HIV test on anyone undergoing an invasive surgical procedure. If the patient refuses, the surgeon could refuse to treat the patient, under Eagleton's proposal.

Those who oppose Eagleton point out that universal precautions against all blood-borne infections should be the priority in prevention of needle-stick injuries. They further argue that compulsory testing would be an attempt at discrimination by doctors who don't want to take responsibility for precautionary procedures. There is currently no law enforcing universal infection control procedures in Australia.

In other news, public housing for persons living with HIV or AIDS (PLWHAs, in Australian gay periodicals) has increased, with the Waverly Council and the New South Wales Department of Housing collaborating. The project, budgeted at \$1.2 million, will house eight positive people, as well as live-in caregivers. ▼



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

June 1994

Wellness Center to Focus on Health Concerns at UFMCC Leadership Conference



Dr. Beverly Deal

Both women's and men's health issues will be featured in the *Wellness Center*, at the 1994 UFMCC Leadership Conference, scheduled in Dallas, Texas, August 2-4. Dr. Beverly Deal, a psychotherapist, will be the coordinator of the Wellness Center. Dr. Deal says, "I want the Wellness Center to be a supportive place where people with catastrophic illnesses can go and make connections with others in similar situations." The Center will be a comfortable room where light refreshments and a place to rest will be available. "This way, people won't have to return to their hotels if they need to rest during the conference," Dr. Deal states.

During the conference, there will be daily support groups as well. Rev. Dr. Lori Dick will run a support group for women, focusing on women's health issues. Rev. Steve Pieters will offer a support group for persons living with HIV/AIDS. Rev. Jim Mitulski will facilitate a group for men who are HIV-negative.

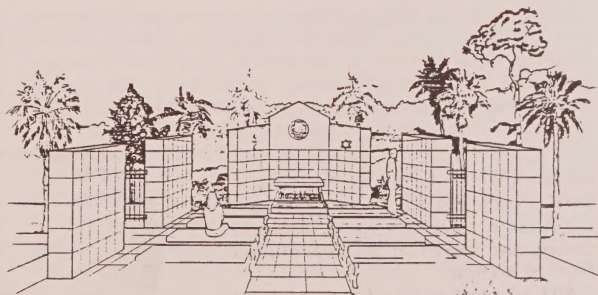
Rev. Dick, a doctor of Osteopathic Medicine and Associate Pastor of MCC Los Angeles, has been gathering information about early testing and treatment of breast cancer. But she also hopes that women with other health issues will participate. "I want to explore

(continued on page 2)

Sarasota's MCC Builds Columbarium

Soon after becoming Pastor of Church of the Trinity MCC in Sarasota, FL, Rev. T. Edward Helms noticed a small garden area in the southeast corner of the property. After some inquiries, he discovered that the area had been used to scatter ashes of deceased members and friends. The only remains scattered there, known to the church, are the ashes of the son of Icie Bray. Once the matter was clear to the Pastor, he declared that the area was now sacred ground, and should be preserved as such. This was the beginning of a new part of the vision for the church, a vision that was formalized by the congregation at a meeting held April 17, 1994. At that meeting, the congregation approved the plans to construct a Columbarium and Prayer Gardens on the site that had heretofore been marked only by the memories of one mother.

"This will be the first project of its kind in UFMCC," said Rev. Helms. "MCC of the Rockies, MCC Washington, DC, and King of Peace MCC all have columbarium walls inside their buildings or memory gardens on property, but nothing exists of this magnitude. This is the closest thing to a church cemetery that we can legally have. I felt very strongly the need to have sacred ground to memorialize the lives of those we have loved who have gone on to be with God."



(continued on page 3) Sketch of the Columbarium

"Listening To The Voice Within:" HIV and Spirituality Retreat At MCC/SF

By Rev. Jim Mitulski, Pastor of MCC San Francisco

As we continue to live in the midst of HIV, we discover the need to create new programs to keep pace with the unexpected demands of the epidemic. MCC San Francisco hosted its first HIV and Spirituality Retreat the first weekend in May. The retreat was conceived as a 24-hour experience in which people living with HIV could deepen their spiritual resources, and increase energy by taking time away from the intensity of life in the Castro.

The retreat theme was based on I Kings 19, the story of Elijah in the wilderness. Elijah could not find God in the bustle and activity of the earthquake, wind and fire, but was able to discern the divine presence in the still, small voice of God in the wilderness. We, too, found that HIV and all that it demands of us can be an impediment to our spiritual life, but if we take time to listen for the still, small voice, we can also experience God's faithfulness. The retreat organizers encouraged participants to slow down, take plenty of quiet time, and tap into the interior resources that cannot be controlled by the FDA.

The pastoral setting of the Mercy Center, a Catholic convent in a nearby suburb, enhanced the atmosphere of quiet reflection. The retreat began with our participation in the Taizé Candlelight prayer service hosted monthly in the convent chapel. We joined several hundred other spiritual seekers in singing and praying in the near darkness for almost two hours. The starkness of the chapel contrasted with the richness of the voices, resulting in a mystical experience for everyone.

Throughout the next day we gathered as a group for guided exercises which emphasized the theme of "Listening to the voice within." At one session we listened to recordings of Vietnamese poet Thich Nhat Hanh, who predicted that the next divine incarnation, the Buddha of Love, will be born in a cradle fashioned of the suffering of the Vietnamese people, and would be perhaps not a person but a whole community. We compared the levels of suffering in our own lives as a result of HIV, and found solace in the hope that in the midst of sickness and death God is fashioning a redemptive community, our own "Buddha of Love."

Later we prayed with our bodies, using the graceful movements of Tai Chi to further slow us down so we could be receptive to God's voice in our hearts. For those of us accustomed to the frenzied energy of the disco, this type of dance motion challenged us to appreciate the gentle, fluid motions of this style of meditation. We ended the day with Holy Communion and the laying-on-of-hands for one another, praying for healing of mind, body and spirit in the name of Jesus, and in the many names of which God is revealed. Throughout the weekend, individual pastoral conferences were available by appointment, as were simple massage sessions designed to relax the body as well as the spirit.

In planning the retreat, we found that logistical planning was a priority. Depending on individual health situations, even short trips can pose a challenge to people with HIV. The majority of the participants suffer from severe and chronic diarrhea, so proximity to pleasant bathrooms was a frequently cited concern. The Mercy Center provided a warm,

comfortable indoor environment with the outdoor option for those who were up to availing themselves of it. Plenty of free time for naps or rest was built in so that everyone could participate without feeling left out.

Private donations ensured that finances were not a barrier to participation for anyone who wanted to go; of the 17 attending, all but two were retired from working. The retreat was led by MCC/SF pastor Rev. Jim Mitulski, MCC/SF HIV Program director Rev. Alan Eddington, and MCC/SF deacon Dr. Patrick Horay. The retreat was celebrated in church the next day as another dimension of MCC/SF's creed, that spirituality is as diverse as sexuality and can empower us to live hopefully and powerfully in the midst of HIV, as we continue to listen for the voice of the divine within us all, "You are my beloved; with you I am well pleased."

(Mark 1:11) ▼

Wellness Center...

(continued from page 1)

with the group the psychological dimensions of mind/body prevention and healing. Women who may be well, but have fears or anxiety about breast cancer or any other health issues are welcome to join the support group."

Rev. Pieters, Field Director of UFMCC AIDS Ministry and a long-term survivor of AIDS, hopes the HIV/AIDS support group will offer the kind of support that these groups have offered at General Conferences. "It always helps to connect with others who are dealing with the same issues you are. For some of the Fellowship leadership, these support groups, away from their local church, are the first time they've been able to openly share their feelings, let alone their HIV status."

Rev. Mitulski, the pastor of MCC San Francisco, has been running HIV-negative groups for quite some time in his local church. "The purpose is to provide support and to reinforce safer sex behaviors in men who are HIV-negative. They've been very successful at MCC San Francisco. My goal at the Leadership Conference is to model a program which people can use in their own church, as well as to provide support for the issues around being HIV-negative, and of course, to reinforce safe behaviors."

Dr. Deal, who received her Ph.D. in sociology from the University of California at San Francisco, is a licensed Marriage, Family and Child Counselor, in practice in Southern California since 1984. Her specialty is sex therapy, counseling and education. As a founding member of the Orange County AIDS Ministry Ecumenical Network, she has had a great deal of experience with persons living with HIV/AIDS. Dr. Deal is a member of Sunrise MCC of the Hi Desert in Lancaster, CA.

The site for this year's Leadership Conference will be the beautiful new Cathedral of Hope MCC in Dallas. For further information on the conference, contact the UFMCC at 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029; phone 213/464-5100. ▼

CDC Documents Delivery Available in U.S.

The U.S. Centers for Disease Control National AIDS Clearinghouse has announced a new program, Document Delivery Service. For the last five years, the Clearinghouse has been a source for CDC-approved materials. The new document delivery service will give access to additional scientific, educational, and other HIV/AIDS-related materials.

Through the Document Delivery Service, you can:

- * Order photocopies of materials from the Clearinghouse's Educational Materials Database (you will not need to contact several publishers to order the items you want.)
- * See copies of entire documents so you do not have to depend on abstracts to select items for particular audiences
- * Get copies of materials that are no longer available from the original publishers.

The cost is \$5.00 per document up to two pages, and \$.05 per page for each additional page in the document.

Items available from the Document Delivery Service include:

- * Training manuals to help prepare and present HIV/AIDS information to different audiences
- * Brochures and educational materials for the general public and selected target populations
- * Fact sheets, reports, information packages, wallet cards, and other resources for education and prevention programs.

For further information on the Document Delivery Service call a Reference Specialist at 800/458-5231. ▼

Sarasota Builds Columbarium

(continued from page 1)

The plans include an "open air chapel" with columbarium monuments serving as walls. In each place where a window would be in the chapel, there will be an iron gate leading to formal gardens on either side. The main wall beyond the altar is designed in three sections. The center section will hold a stained glass MCC cross (actually construction glass will be used), the east wall will have a gold leaf Star of David, and the west wall will hold a flaming Chalice, the Unitarian symbol. "I chose the Star and Chalice symbols to bring an interfaith theme to the Chapel area. Our people are so diverse, and yet so united in their belief that God is guiding our every step to freedom," said Rev. Helms. "This is our gift to the whole community. Everyone is encouraged to be a part of this lasting memorial of gay and lesbian faith in God."

The Chapel site will have niches for ashes, ranging in price from \$500 up to \$1500. There are also religious symbols and granite benches available as memorials. In the Prayer Gardens, each area will be bordered off in one foot squares with a small standing brass or granite plaque denoting the person remembered in the center of the space. A Trust Fund for Perpetual Care is established with part of the proceeds to insure its lasting care and beauty.

"This project is completely self-funding," said Rev. Helms. "Absolutely no general or building funds will be used." The construction will not begin until sufficient spaces have been memorialized and the donation received to cover complete construction cost. The goal is to begin by late summer of 1994. Once constructed there will be "compassionate use" space available for those without friends or family with resources. ▼

Interferon Gamma Boosts Ability to Fight Mycobacterial Infections

Interferon gamma helped fight non-tuberculous mycobacterial infections in patients who did not respond to conventional therapies, according to research reported in the May 12 issue of *The New England Journal of Medicine* by scientists from the U.S. National Institutes of Health (NIH).

"This research effort adds to our understanding of mycobacterial infections, which have become increasingly important as more and more individuals suffer the immunosuppression of HIV disease," says Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID).

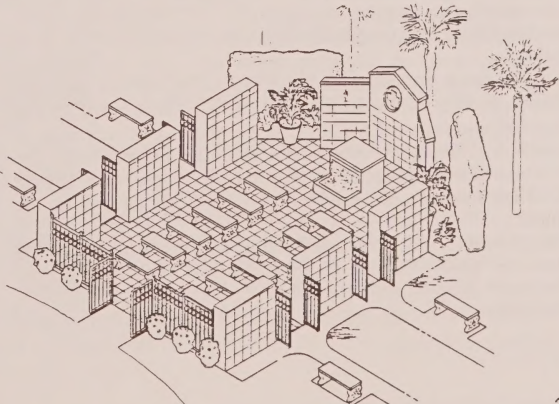
Mycobacteria are a diverse family of disease-causing organisms including some that cause tuberculosis. Non-tuberculous mycobacteria occur in the environment and usually affect only people with impaired immune systems. They can cause serious, often life-threatening diseases such as disseminated *Mycobacterium avium* complex (MAC) which affects up to 40 percent of people infected with HIV.

The study involved seven patients who were not HIV infected and had severe non-tuberculous mycobacterial infection of at least two organ systems. Six of the patients had MAC.

The patients had received the maximum tolerated conventional treatment for at least four months and had become drug-resistant before enrolling in the current study. Treated with interferon gamma, all patients rapidly improved and many of their symptoms abated.

"Laboratory and animal studies have suggested that interferon gamma, a protein normally secreted by the immune system's T cells, plays an important role in containing and clearing mycobacterial infections in the body," says Steven M. Holland, M.D., who reported the study. "We also noted that patients in this study produced smaller amounts of this protein than healthy people. Once we added interferon gamma to their therapy, we saw dramatic improvement with few side effects, which leads us to conclude that the protein may someday be used in the treatment of other mycobacterial infections, including tuberculosis."

NIH associate director for clinical research, John I. Gallin, M.D., states, "These findings have important implications for using interferon gamma and related immune-boosting proteins in the management of infectious diseases." ▼

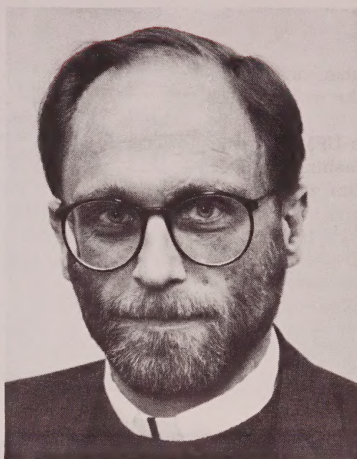


AID Atlanta Taps MCC For New Pastoral Service Department

R.W. "Chip" Carson, who has been approved for licensing as clergy by the Gulf Lower Atlantic District Clergy Review Committee, serves as the Pastoral Care Coordinator for AID Atlanta and the Atlanta Interfaith AIDS Network. Carson also serves on the staff of First MCC of Atlanta.

AID Atlanta has asked Mr. Carson to develop a Pastoral Service Department to respond to requests from churches contacting the AIDS service agency. It will be a small department set up to augment the work of the Atlanta Interfaith AIDS Network, who work cooperatively with AID Atlanta.

Atlanta Interfaith AIDS Network runs a number of different programs, one of which provides care teams of 6 or 7 people who take care of individual patients. Carson, in his new assignment, will be making patient visits in homes, nursing homes, and hospitals. He has



Mr. Chip Carson

just appointed a Roman Catholic nun, who will be assisting him. He is also setting up a volunteer base to help provide 1,000 visits to patients per month. He is already handling 250 visits per month by himself.

Mr. Carson was recently invited to join the Metropolitan Atlanta Chaplain's Association, and on May 18, hosted their monthly luncheon meeting at AID Atlanta. Although there was no set agenda or program, the chaplains asked a great many questions requesting information regarding AIDS. Carson heard a lot of frustration, particularly from chaplains in outlying counties.

Reflecting on his activities, Mr. Carson said, "I am delighted that, as more churches show interest in participating in ministry to people living with AIDS, MCC is an integral part of the response." ▼

Protease Inhibitors: Current Status

(By John S. James, [reprinted with permission from
AIDS Treatment News, Issue #198, May 6, 1994])

"Protease Inhibitors: Overview and Analysis," by Dave Gilden, with assistance from Ben Cheng, Rick Loftus, and others, which appears in the March 1994 *GMHC Treatment Issues*, uses both published articles and unpublished information from within companies to provide an authoritative status report on the protease inhibitors now in human trials.

This class of potential anti-HIV drugs is perhaps the most important group of experimental treatments at the present time, although the current candidates still face major problems - including the development of resistant strains of HIV, poor oral absorption, and expense and difficulty of manufacture.

The article reviews the drugs of Hoffmann-LaRoche, Merck, Abbot, Searle (Monsanto), Vertex/Burroughs Wellcome, and Agouron; it also names a number of other companies which are developing protease inhibitors that are not yet in human trials.

To obtain a free copy of the March 1994 issue, write to: GMHC, Medical Information, 129 West 20th St., New York, NY 10011.

[*GMHC Treatment Issues* is published 12 times a year; annual subscriptions are available for a suggested donation of \$30 individual, \$50 physicians and institutions, and \$60 foreign; persons with AIDS or HIV can contribute on a sliding scale or obtain a free subscription. You can ask to have your subscription start at the beginning of 1994, and include the special winter 1993/1994 issue on alternative treatments.] ▼

Rev. Gonzalez Leads Latino Memorial Service For Bienestar

Friday evening May 13, Rev. Jose Marcos Gonzalez, Associate Pastor of MCC Los Angeles, and Director of that church's Latin Ministry, led a community memorial service for Latino persons who have died from HIV/AIDS. The service was conducted at Bienestar, a Latino AIDS Service Agency in Los Angeles. Bienestar has contracted with MCC Los Angeles and Rev. Gonzalez to provide pastoral care and support for their clients.

The service was conducted in Spanish, and the room was packed with people. Many persons shared memories of special friends, and lit memorial candles on a beautiful altar, which had been constructed especially for the service. The altar held pictures of many of the clients of Bienestar who have succumbed to the effects of HIV/AIDS.

Representing UFMCC AIDS Ministry at the service, Rev. Steve Pieters observed, "Although I didn't understand much of what was said in the service, Rev. Gonzalez led the service with very impressive style, and I could tell the people took great inspiration from what he said. He facilitated the grieving process, but sent them back into the world with hope. I was very impressed with his presence in the pulpit."

Rev. Gonzalez, whose ministry has been needed for years in a city which has a sizeable Spanish-speaking population, is quickly becoming a highly visible and influential presence in the HIV/AIDS community of Los Angeles. His pastoral presence at Bienestar serves as an excellent outreach from MCC Los Angeles. ▼

ALERT

ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research & Treatment. The Editor is Rev. Dr. A. Stephen Pieters. For more information, or to send a donation, please write to: ALERT, 5300 Santa Monica Blvd., #304, Los Angeles, CA 90029.



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

January 1993

European North Sea District HIV/AIDS Task Force

The European North Sea District HIV/AIDS Task Force exists to educate and inform MCC's in that District about HIV/AIDS. The Task Force grew out of a concern that issues related to HIV/AIDS, particularly death, dying, and bereavement, were not always being adequately addressed in local churches. As a result, at the District Conference in Eastbourne, England, in 1990, Michael Moffatt held a workshop on death, HIV/AIDS, and bereavement. The discussion went on an hour longer than expected, and a Task Force was created out of the excitement generated by the workshop. Rev. Ian Westby, the District Fundraiser, staged a raffle for the Task Force, which raised 2,000 pounds, half of which went to the District, and half to the HIV/AIDS Task Force.

The Task Force met to plan their goals and structure, appointing two coordinators, Michael Moffatt and Bob Webb; a Secretary, Peter Geekie; a Treasurer, David Brownfield-Pope; a Women's Officer, Lynne Reay; and a Youth Officer, Antony Harrison. The group wrote a constitution to work within the parameters of the District Standard Operating Procedures and the Fellowship Bylaws. However, they carefully and rigidly maintain their autonomy. According to Moffatt, "This is to protect the group. We are able to be blunt in the information we give out, and we are able to administer our funds independently, although our books are open for anyone to see."

The group's first project was to produce an information packet. They collated all the informational and educational pamphlets from all over the United Kingdom, representing many perspectives, and included rubber gloves, condoms, KY jelly, and dental dams in each packet. These packets were made available free to all MCC's, but the Task Force told ALERT that the packets have actually been more in demand outside

the churches. This project cost a total of 260 pounds, with many leaflets and supplies being donated.

At the 1991 District Conference in Manchester, England, the Task Force set up a display on safer sex in the space used for worship. "We received a lot of back flack on this; but we deliberately didn't staff the display, and all the condoms, dental dams, and other supplies disappeared by the end of the conference."

The Task Force also produced a workshop on death which was "quite well-attended." The purpose of the workshop was to look squarely at the issues around death and funerals. The opportunity was offered to learn how to plan a funeral, something which had never been talked about before in local churches or at District Conference. "People kept trying to change the subject from death and grief to talking more about practical care of the sick," but members of the Task Force kept bring-

ing people back to the main agenda.

Also at the conference, Michael Moffatt preached at the Saturday evening service, admonishing pastors to start talking about death and other issues related to HIV/AIDS. A year later, at the Hamburg District Conference, people were still talking about Michael's sermon.

On April 11, 1992, the Task Force held an "Open Day" for the District to learn about liturgical resources related to HIV/AIDS. People from all over the District attended, including a participant from Denmark. People responded very positively to this day-long event, and as a follow-up, the Task Force is working on developing a packet on funeral liturgies.

Safer sex videos have been purchased by the Task Force, as well as videos on AIDS in Africa. These videos are made available to all churches in the District to facilitate their HIV/AIDS education efforts.

The Task Force also organized the closing worship service for the 1992 District Conference in Hamburg, Germany. In addition, the Task Force has taken responsibility for training Deacons in personal issues around HIV/AIDS, through the all-District Deacons' Training held in Brighton, England.

Through the Task Force, MCC has an influential presence on the prestigious London Ecumenical AIDS Forum, which is chaired by the Dean of Westminster Abbey. Michael Moffatt and Lynne Reay have been closely involved with this group since the organizing phase.

Lynne Reay sees her role as Women's Officer "to raise awareness of women's issues and specifically lesbian issues related to HIV/AIDS." Lynne reports that there has been a great deal of opposition to hearing about women's



Peter Geekie and Michael Moffatt leading worship service at District Conference in Hamburg, Germany.

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On The Front Line!

By An Anonymous UFMCC Pastor

Our Town wasn't a big city. We knew about AIDS and how it was affecting gay men in Los Angeles, San Francisco, Washington, DC, and New York. We had heard other areas were experiencing this deadly disease. But for the most part it was striking metropolitan areas. No one in Our Town had been affected. It was 1985, and just a few people had been diagnosed in our entire state. We were certain the epidemic would bypass us!

When whispers began that "someone" may have AIDS, that "someone" lost his popularity. Anyone who suspected he may be ill kept the information to himself. Who would want to associate with a person with AIDS? Denial was the game we played, and most of us in the MCC I pastored in Our Town played along. If denial was rampant within the gay and lesbian community, politicians were using this opportunity to flex their homophobic muscle.

Then one day the telephone rang. A nurse at one of the local hospitals was on the line. She wondered if it were possible for me to come visit a young lesbian who was being treated for AIDS. With my mind in a whirl I headed for the

House of Mercy. A lesbian with AIDS? Women are not at risk; how could this have happened?

She was in isolation and the hospital required I don gown, mask and gloves. I felt awkward as I approached her bed. Her body barely rippled the sheet covering her. I fought tears as I noted prominent cheek bones and claw-like hands. Only her fire-filled eyes told me she was not a corpse. I introduced myself as the pastor of MCC, and a smile crossed her face. I took her hand in mine as she poured out her story.

As we prayed together, she promised she would keep in touch when she left the hospital. I told her I would be available any time she needed me. I wrote my home phone number on my business card and left it on the table.

I was shaken. What if others are infected and some of our church members develop AIDS? What if this disease has no boundaries and Our Town isn't exempt? I began to seek all the information I could find concerning HIV/AIDS. I needed to educate our people. Will they listen? Clearly, the answer was "No." Workshops were sparsely attended, and I couldn't seem to get folks interested in learning more. A few of our

members were aware of impending danger, but most of them thought I was making much ado about nothing.

One Sunday I noticed a visitor who seemed to be well-known by many of the men in our congregation. He was resoundingly welcomed and was introduced to me. His physique indicated he was no stranger to athletics. I learned he had participated in marathons, winning two years in a row. I was impressed!

During our prayer request time I was astounded when he stood and announced, voice quivering, that he had been "diagnosed." He said he believed he would conquer this disease and coveted our prayers. I could feel the tension in the room. This athlete has AIDS? And he's right here in our church. I was pleased to note our members did not turn away from him! I whispered a quick "thank you" and began my pastoral prayer.

Very soon, one by one, we began to receive the news that AIDS was, indeed, active in Our Town! Some men were coming home from distant cities; others who had never left the state became ill.

(continued on page 4)

European North Sea District

(continued from page 1)

safer sex in MCC's in the United Kingdom. "We don't know if there are any women with HIV in our churches right now, but there will be," she asserts. Contradictory messages from the Terrence Higgins Trust (one of England's primary HIV/AIDS educational organizations) about the necessity of dental dams for lesbian sex, have contributed to this resistance. But Lynne proudly points out that the Samaritan sexuality course now includes information about lesbian safer sex and dental dams. Others on the Task Force report that Lynne is "beautifully brazen" in her lectures and demonstrations.

Antony Harrison, an 18-year-old Londoner, was appointed Youth Officer to relate to young people: to talk on their own level, and in their own language. The statistics among young gay men are frightening: HIV continues to spread rapidly in this population. Antony reports that there was no sex education in the schools he has attended. People in the District know the Task Force is committed to Youth Issues because of Antony's presence and visibility. There are a couple of people under 21 in the District who are known to be HIV-positive.

The Task Force is not totally focused on HIV/AIDS in the European North Sea District; one of their activities is to help TASO, an AIDS support organization in Africa. At the recent District Conference in Hamburg, the Task Force raised 430 pounds for TASO to help children in Africa who have been

orphaned by AIDS. One member of the Task Force says, "When AIDS gets a grip on Africa, it gets a grip on all of us. So we're looking after ourselves by looking at the effect AIDS in Africa will have on the global economy."

The European North Sea District HIV/AIDS Task Force has a striking sense of urgency to their task. With five of the eight members interviewed having HIV themselves, Michael Moffatt says, "We literally don't have the time to wait for more pastors and churches to wake up to our issues. Metropolitan Community Churches are the best-placed churches in Christendom to deal with HIV issues. People in MCC have got to get real. You're born, you die. You have to face the facts." With Michael stepping down to pursue a Masters in Theology degree, the Task Force is looking for new blood. "We've asked each church to nominate a representative to our Task Force, but so far only two churches have. We need more response from outside the group; we need new blood."

Preben Sloth, a member of Markens Liljer MCC in Copenhagen, Denmark, is working to start a closed support network for people with HIV in the District, because no one understands what it's like to live with HIV like other people with HIV. "Particularly in some of our smaller churches, we can't get that kind of support." The Task Force's primary focus will continue to be education and prevention. As Michael states, "Sometimes we've felt like a little voice in the wilderness." But with voices like Michael Moffatt, Lynne Reay, and Preben Sloth, that little voice will be heard throughout the European North Sea District! ▼

Field Director of AIDS Ministry Tours European North Sea District

The Rev. Dr. Stephen Pieters, Field Director of UFMCC AIDS Ministry, toured the European North Sea District during the month of November, 1992. Visiting MCC's in Southampton, Bournemouth, Bath, Paris, Hamburg, Copenhagen, London, and Brighton, Pieters also spoke to non-MCC audiences in southern England and Denmark.

Pieters told ALERT, "The purpose of my trip was to facilitate and encourage HIV/AIDS ministry, to share my story and my sense of hope and faith in living with HIV/AIDS for over 10 years now, and to gather material for ALERT. I found myself also doing a lot of counseling with people living with HIV, as well as their caregivers, pastors, and loved ones."

In addition to preaching at local MCC's, Pieters was one of the keynote speakers at an all-day HIV conference sponsored by the Portsmouth Health Authority for over 400 health care workers; an AIDS Ministry Conference sponsored by Pax Christi MCC and St. Denys' Church of England in Southampton; and for a group of social service workers in Southampton who were focusing on issues of sexuality.

In Paris, Pieters was the first American visitor, and first representative of the UFMCC headquarters staff to visit the new MCC Paris. He stayed with the Pastor, Caroline Blanco, and her partner, Catherine, who gave him a splendid tour of Paris by night, ending at Montmartre, on the steps of Sacre Coeur, "with all Paris at our feet!" Pieters met with members of the Paris MCC, where he did his presentation in French. "I went to school in France when I was 14, but twenty-odd years later, while I understood much of what was being said to me, when it came to speaking French, it was the shortest speech I've ever given!" The HIV/AIDS situation in France is extremely grave, for a variety of reasons, and MCC Paris has an incredible challenge before it in doing HIV/AIDS Ministry. An article detailing the circumstances will appear in a future issue of ALERT.

Rev. Pieters was a guest of the District at the District Conference in Hamburg, Germany. In addition to being the luncheon speaker on Saturday and preaching at MCC Hamburg Sunday evening, Pieters held a "Focus Group" at the Conference to solicit feedback from Europeans on the goals and objectives of UFMCC AIDS Ministry. "The focus group went extremely well once people began to open up," Pieters relates. "I received lots of valuable information and advice which I will bring back to the UFMCC AIDS Ministry Long-



Rev. Steve Pieters and Caroline Blanco, pastor of MCC Paris.

Range Planning Task Force."

In Denmark, Pieters addressed the "HIV in the Church" organization, an ecumenical AIDS Ministry group. Rev. Mia Andersen, pastor of Markens Liljer MCC in Copenhagen, reports, "Rev. Pieters' visit increased the credibility of MCC in Denmark." In Danish, "HIV" also means "to give a kick in the pants to," which the group feels is particularly appropriate for their name.

The last weekend Pieters was in the District, he conducted a workshop at MCC London on how to do a "Spiritual Strength for Survival Support Group." The workshop was well-attended by representatives from 10 churches. Several said, "This will be the first opportunity we've had to get real spiritual support in a group, for our lives with HIV."

In future issues of ALERT, look for more reports on what is happening around HIV/AIDS in the European North Sea District. "I learned far more than I taught," Pieters states. "I look forward to sharing what I learned with the Fellowship through ALERT." ▼

CDC NAC Online

CDC NAC ONLINE, a computerized information network for the U.S., offers organizations a direct link to the Clearinghouse's comprehensive information collection as well as to others working in HIV/AIDS. Using a personal computer and modem, professionals can keep up to date with HIV-related news through the *AIDS Daily Summary*; participate in interactive forums; communicate through electronic mail; access CDC's AIDS-related MMWR articles; and search the CDC Clearinghouse databases. Call the CDC Clearinghouse (see related story on page 4) to learn how to gain access to CDC NAC ONLINE. ▼

ALERT

ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research and Treatment. The Editor is Rev. Dr. A. Stephen Pieters. For more information, or to send a donation, please write or call: ALERT, c/o UFMCC, 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029; (213) 464-5100.

CDC US National AIDS Clearinghouse

An Important Resource for Religious and Faith Communities in the U.S.

The CDC National AIDS Clearinghouse is a comprehensive HIV/AIDS information service for those who minister with religious and faith communities.

A service of the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control (CDC), the Clearinghouse collects, classifies, and distributes up-to-date information and provides expert assistance to HIV- and AIDS-prevention professionals.

The CDC Clearinghouse serves clergy, public health personnel, educators, and social service workers. These professionals work in a variety of settings such as churches and religious schools, seminaries, hospitals, community organizations, clinics, and AIDS-service organizations.

Information Services:

An experienced team of reference specialists with a broad knowledge of AIDS organizations and materials can access a wealth of information about HIV and AIDS.

Call the CDC Clearinghouse toll free at:

1-800-458-5231 (voice)
or 1-800-243-7012 (deaf access/TDD)

and these specialists will answer inquiries, make referrals, and help locate publications pertaining to HIV infection and AIDS. Spanish and French speaking specialists, also available. ▼

On The Front Line!

(continued from page 2)

Our athlete's health was rapidly deteriorating. He decided to move to his home town where his mother and brother resided. It was a hundred miles away and I tried to visit him at least once a week.

It was becoming more and more difficult to finish my paper work during daytime hours, and I often found myself in the church office at midnight, answering mail, planning the worship, and studying for Sunday's sermon. I knew I wasn't getting enough rest, yet I couldn't seem to find a way to solve that problem. I was visiting persons with AIDS on a daily basis. I often cried between visits, but presented a smiling face when I arrived.

The angel of death seemed to be suspended over us! As I stood in the pulpit and looked at the dear faces in the pews, I couldn't help wondering who would be next. It had been more than a year since I had been called to visit the lesbian who was my first person with AIDS. Our athlete died: after I did the funeral in his hometown, where I had to deny his very being, we had a memorial service at MCC. We celebrated his life and acknowledged the cause of death. Another member had moved away to be near his parents, so I was weekly making another two hundred mile round trip to spend a few hours with him. One member lost both parents in a three-week period, and a deacon lost his mother. Many of our friends were dying. I spent countless hours each week helping people to grieve. I had no time for my own grief. I had become too numb to cry.

Rumblings were beginning among some of the church members. They felt their pastor spent too much time on AIDS ministry! Some claimed they could not get an appointment because I was not available to anyone except persons with AIDS. The board of directors encouraged me to ignore the grumbling. Most of them were visiting patients almost as often as I and were fully supportive. Together we prayed for the strength and wisdom in a crisis situation.

As the time for General Conference in Miami approached, I was reluctant to go. I was reminded that all things work together for those who love God. I did another memorial service on Saturday night, and flew to Miami the following morning, and I was feeling quite numb.

The Rev. Elder Don Eastman asked me to do the pastoral

prayer at the Memorial Worship Service. As I faced that huge crowd, I joyfully observed the Rev. Steve Pieters' apparent good health, and sorrowed that the Rev.'s Emmett Watkins and Ron Russell-Coons seemed quite ill. It became more obvious that many clergy and lay persons in our denomination had AIDS.

The announcement came for all who had lost someone to AIDS to place their names upon the styrofoam sculpture at the front of the auditorium. As I sat on the stage, I watched them come. Many had pages of names, others had one. They were streaming forward in a seemingly endless line. The sculpture assumed a new shape as more panels were added. Suddenly I began to weep as the vast number of our losses became apparent.

Upon returning home I began to realize I couldn't seem to stop crying! A group of my friends recognized I needed help. They financed a weekend retreat for me at Kirkridge in Pennsylvania. The focus was to help those who had lost loved ones to AIDS and were dealing with unresolved grief. Father John McNeill guided us from denial to acceptance of the things we had no power to change. Although I felt better, I was still depressed. Another friend financed therapy sessions, and I began to recover.

I soon learned, however, that our church was still angry. We called many special board meetings to try to analyze the strange dynamics. We called a congregational meeting for the specific purpose of discussing the issues of concern. It was apparent to the board and to me there was an effort being made by a small number of members to replace me as pastor. I believed I had found the answer in David Augsburger's *Anger and Assertiveness in Pastoral Care*. One chapter dealt with anger caused by an inordinate number of severe illnesses and/or deaths within the body. And according to Augsburger, that anger centers upon the pastor. We felt that we were battling a phantom and didn't know the solution. All of us on the board were feeling abused. When my contract was not extended at the next congregational meeting, I resigned. So did all members of the board of directors.

While we have learned much during the past five years, many of our clergy and laity still feel marooned on an island of misunderstanding with little support. Denial continues to flourish among us! Why, I wonder, is it so difficult to believe, as the late Rev. Ron Russell-Coons so appropriately declared, "We are the church with AIDS!"? ▼



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

October 1994

World AIDS Day: A Call To Commitment

In observance of World AIDS Day, Thursday, December 1, 1994, the U.S. AIDS National Interfaith Network (ANIN) is calling upon all people of faith to "sign on" to *The Council Call*, a document which follows in its entirety.

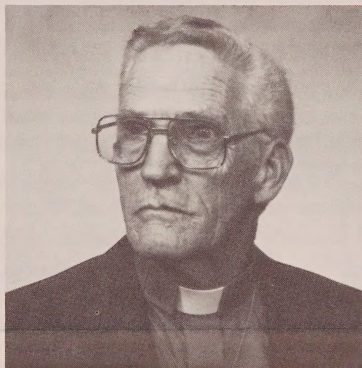
A Commitment on HIV/AIDS by People of Faith, *The Council Call*, was written by the Council of National Religious AIDS Networks. The Council, a project of AIDS National Interfaith Network, is composed of leaders of AIDS networks associated with specific national religious bodies. Rev. Elder Don Eastman, Rev. Herbert Evans, and Rev. Steve Pieters

represent UFMCC on this Council. It is a voluntary association working together to support ANIN's mission, to foster better communication and to enhance the dissemination of information from ANIN and/or other organizations to the individual members of the networks.

UFMCC AIDS Ministry encourages every individual, church, and organization to send their endorsement of this statement to the AIDS National Interfaith Network, 110 Maryland Ave., N.E., Suite 504, Washington, DC 20002.

(World AIDS Day, continued on page 2)

Profile of a Dedicated Deacon



Mr. Tad Lincoln

Mr. Tad Lincoln, as the Director of AIDS Ministry for Christ MCC in Miami, FL, has impacted the lives of countless numbers of people infected and affected by HIV in the South Florida area. He is a genuine hero to many people in Miami, in his service as a guide, comforter, and inspiration to many people living with HIV and AIDS.

His ministry to people with HIV/AIDS started in 1979, when Larry Klamfoth, the treasurer for both the church and the Southeast District of UFMCC, first got sick. "He got dementia right off the bat, and we didn't know what it was," Lincoln recalls. According to an article in the Christ MCC newsletter, "Klamfoth had many long stays in the hospital -- seven months in one stretch -- and Lincoln took him communion every Sunday. He died in 1982 of what was then cruelly called the 'gay plague.' Says Lincoln, 'I learned a lot about the dying process from Larry.' As the church suffered more cases of this disease, now called AIDS, he helped others through the final stages."

Tad credits an encounter with Rev. Steve Pieters at Samaritan Orientation in Orlando, FL with helping him to focus his ministry on HIV/AIDS. "It gave direction to my own ministry. I had to look at my own mortality, and work through certain issues...I started doing AIDS ministry on my own, started going to a lot of AIDS conferences, did a lot of reading, and began meeting more and more people infected with the virus."

(Profile, continued on page 3)

Ring Them Bells For World AIDS Day!

The AIDS National Interfaith Network is calling upon all houses of worship around the United States to ring their bells 14 times at 1:40 PM local time, on World AIDS Day, Thursday, December 1, 1994. This is in recognition of the 14 years of the HIV/AIDS epidemic.

For further information, contact ANIN at 110 Maryland Ave., NE, Suite 504, Washington, DC 20002; phone (202) 546-0807. ▼

Rev. Elder Perry to Sign Council Call At The United Nations

Rev. Elder Troy D. Perry, Founder and Moderator of the Universal Fellowship of Metropolitan Community Churches, has accepted an invitation to the United Nations for World AIDS Day, December 1, 1994. He and other heads of communion from many denominations will gather in the Dag Hammarskjöld Room of the United Nations to sign the Council Call in a ceremony arranged by the AIDS National Interfaith Network.

The ceremony will follow a formal luncheon at the New York headquarters of the United Methodist Church. ▼

A Commitment on HIV/AIDS By People of Faith: The Council Call

We are members of different faith communities called by God to affirm a life of hope and healing in the midst of HIV/AIDS. The enormity of the pandemic itself has compelled us to join forces despite our differences of belief. Our traditions call us to embody and proclaim hope, and to celebrate life and healing in the midst of suffering.

AIDS is an affliction of the whole human family, a condition in which we all participate. It is a scandal that many people suffer and grieve in secret. We seek hope amidst the moral and medical tragedies of this pandemic in order to pass on hope for generations to come.

We recognize the fact that there have been barriers among us based on religion, race, class, age, nationality, physical ability, gender and sexual orientation which have generated fear, persecution, and even violence. We call upon all sectors of our society, particularly our faith communities, to adopt as highest priority the confrontation of racism, classism, ageism, sexism, and homophobia.

As long as one member of the human family is afflicted, we all suffer. In that spirit, we declare our response to the AIDS pandemic:

1. We are called to love: God does not punish with sickness or disease but is present together with us as the source of our strength, courage and hope. The God of our understanding is, in fact, greater than AIDS.
2. We are called to compassionate care: We must assure that all who are affected by the pandemic [regardless of religion, race, class, age, nationality, physical ability, gender or sexual orientation] will have access to compassionate, non-judgmental care, respect, support and assistance.
3. We are called to witness and do justice: We are committed to transform public attitudes and policies, supporting the enforcement of all local and federal laws to protect the civil liberties of all persons with AIDS and other disabilities. We further commit to speak publicly about AIDS prevention and compassion for all people.
4. We promote prevention: Within the context of our respective faiths, we encourage accurate and comprehensive information for the public regarding HIV transmission and means of prevention. We vow to develop comprehensive AIDS prevention programs for our youth and adults.
5. We acknowledge that we are a global community: While the scourge of AIDS is devastating to the United States, it is much greater in magnitude in other parts of the world community. We recognize our responsibility to encourage AIDS education and prevention policies, especially in the global religious programs we support.
6. We deplore the sins of intolerance and bigotry: AIDS is not a 'gay' disease. It affects men, women, and children of all races. We reject the intolerance and bigotry that have caused many to deflect their energy, blame those infected, and become preoccupied with issues of sexuality, worthiness, class status, or chemical dependency.
7. We challenge our society: Because economic disparity and poverty are major contributing factors in the AIDS pandemic and barriers to prevention and treatment, we call upon all sectors of society to see ways of eliminating poverty in a commitment to a future of hope and security.
8. We are committed to action: We will seek ways, individually and within our faith communities, to respond to the needs around us.

Portions of the text of this document were taken, with permission, from "the African American Clergy's Declaration of War on HIV/AIDS," (The Balm in Gilead Inc., 1994), and from "The Atlanta Declaration," (AIDS National Interfaith Network, 1989)

UFMCC AIDS Ministry encourages every individual, church, and organization to send their endorsement of this statement to the AIDS National Interfaith Network, 110 Maryland Ave., N.E., Suite 504, Washington, DC 20002.

Christ MCC Raises Thousands For Cure AIDS Now

Christ MCC in Miami, Florida, recently raised more than \$5,000 that will directly help people living with HIV/AIDS through the Cure AIDS Now/Meals on Wheels program of Miami. The fundraising dinner was part of a weekend of activities called "A Time to Dance." The weekend featured Rev. Steve Pieters, Field Director of UFMCC AIDS Ministry, who keynoted the fundraiser held at the Miami Airport Hilton. Rev. Mike Nikolaus, the pastor of Christ MCC, was the master of ceremonies for the event.

Nearly 300 people from all walks of life attended the dinner. Sponsors of the dinner, who purchased tables of 10, enabled 75 clients of Cure AIDS Now to attend the dinner/dance. Many community leaders, including judges, mayors, and police chiefs from the area were present for the event.

In addition to the banquet at the Miami Airport Hilton, the weekend featured a Saturday afternoon seminar on living with HIV/AIDS, led by Rev. Pieters, and a Sunday evening worship service with Rev. Pieters preaching a message of hope and healing.

Tad Lincoln, Director of AIDS Ministry for Christ MCC, reports, "All of the many comments on the 'A Time To Dance' Weekend were most favorable. We had 31 attending the Saturday afternoon seminar, including a number of first timers and four women. At Sunday night worship, we had 170 attending -- perhaps 20 more than usual, including a



The HIV "Spiritual Strength for Survival" Group of Christ MCC meets with Rev. Steve Pieters.

good many new folks attracted by Rev. Pieters, including two M.D.'s specializing in HIV treatment, who have continued to attend. Two new men came to the first support group after the event, and several more have phoned for information and will probably start attending. All in all, 'A Time To Dance' was the most successful and well-received event in our 24 year history at Christ MCC." ▼

Profile of a Dedicated Deacon

(continued from page 1)

In early 1989, Lincoln was hired as the senior AIDS chaplain with Hospice, Inc., now called VITAS Health Care, Inc., where he worked for five years. He also became involved with Health Crisis Network, a large health care network which started in a living room with five MCC members. Now a sizeable group, Tad serves on their clergy advisory board.

Over two years ago, Lincoln started an HIV support group at Christ MCC, using the UFMCC resource, *The Spiritual Strength for Survival Support Group Manual*. The group has been running every week since. There are usually 8-12 people, and the group meets in Tad's luxurious South Miami home. "We're structured around the pamphlet to a point, but if they want to just be social one week, we do that. Sometimes we have a licensed clinical social worker come in and do a potluck, with questions and answers afterwards. This fall we will have a physician with us. Sometimes we show a video. Before starting in the group, each person is shown the videotape of Jane Pauley's profile of Rev. Pieters, to let them know what the group is all about." In August, the group hosted Rev. Pieters for an evening potluck and discussion at Tad's home. Pieters reports, "I have rarely seen such a vibrant and empowered group of persons living with HIV. Tad Lincoln has done an incredible job, motivating any number of people to do the work of healing and living full lives with HIV."

In addition to the support group, the church has a "Loaves and Fishes" program. Non-perishable foodstuffs and cash are collected by the MCC staff and distributed through Cure AIDS Now, as well as through MCC. This is also the way that the church's AIDS Ministry is funded, although Tad works full time on a voluntary basis.

Lincoln learned through the Clinical Pastoral Education program of Jackson Memorial Hospital, "not to have my own agenda at someone's hospital bed or home. I learned to listen

very, very carefully, and to be able to respond at the level at which they're speaking."

Miami has a large Latino population, and Tad reports that since "most of them are brought up Roman Catholic, they're of the mindset that they're 'abominations.' We've got to work through that. With almost everyone, the challenge is to have them embrace life fully. If they still have bad behavior problems, like drug or alcohol dependencies, we work on changing that behavior so they can have a healthier life."

Tad tells the story of one fellow at the end stage of AIDS, whom he found lying drunk in bed. Tad got him up and to a twelve-step program, and he's now living a healthy sober life. "He was in the final stages of AIDS, but now he's getting better and better." Because of seeing results like this, Tad feels it's a "very rewarding ministry. At 67 years old, this gives me a reason to keep going."

When asked what keeps him from burning out, Lincoln replies, "After someone dies, I help the lover or family in the grieving process. Then after I've helped, I put them out of my consciousness. That's part of my coping mechanism. When things get really bad, I have a nice childish tantrum out in my backyard. Then I get down on my knees, and ask God for the strength to get up and get going again. It can be very discouraging, but the up side is to see people who are so despondent, fearful, and horrified, grow and blossom. They grow to see God and to love God."

As reported in the Christ MCC newsletter, "Despite the fact that he is HIV-negative, Tad Lincoln has a rare empathy that invites people's confidence. As he focuses on the Christ MCC community, he hopes to break down more barriers and bring the issue into the open."

Lincoln says, "I want to help people accept their place as persons with AIDS, and to have them understand it's not an automatic death sentence. To come out honestly about where they are in the disease process. Because our secrets are our biggest killers." ▼

Paris Global Summit on AIDS, December 1

[reprinted with permission from AIDS Treatment News, #206, Sept. 2, 1994]

The French government has invited heads of state of 42 countries to attend a Global Summit on AIDS, in Paris on December 1. Five working groups (on safety of the blood supply, vaccine and treatment research, care and social support, prevention of transmission, and protecting vulnerable populations) will hold preliminary meetings in September and October.

Mervyn Silverman, M.D., president of

the American Foundation for AIDS Research (AmFAR), has said that "several results are clearly attainable, especially in guaranteeing the safety of the world's blood supply and significantly improving the effectiveness of prevention and care efforts in the developing world."

The U.S. has said that it will send Health and Human Services Secretary Donna E. Shalala instead of President Clinton.

A background article by AIDS activist Eric Sawyer will be published in Spanish in *SIDAhora*, a newsletter of the PWA Coalition in New York; we could not confirm English publication by press time. For more information about the Summit, contact the Global AIDS Action Network (GAAN), 415/488-1453, or by fax at 415/488-1942. ▼

National Summit on HIV Prevention for Gay Men, Bisexuals, and Lesbians at Risk

[Reprinted with permission from INTERaction, the Newsletter of the U.S. AIDS National Interfaith Network.]

The AIDS National Interfaith Network was represented by Executive Director Ken South at a U.S. national summit meeting on HIV prevention for gay men, bisexuals, and lesbians at risk, sponsored by the American Association of Physicians for Human Rights in Dallas, Texas over the July 15th weekend.

One line from the invitation to the summit captured both the purpose and the urgency of the meeting: "At current rates of seroconversion, a majority of HIV negative 20-year-old gay and bisexual men will eventually seroconvert." These dramatic words were confirmed by various studies presented at the three day event. Participants included social scientists, AIDS activists, physicians, AIDS educators and community leaders from across the United States. Many of those present were veterans of the epidemic and many were also long term HIV-infected survivors.

There was agreement that current HIV prevention modal-

ities are failing to reach large numbers of gay men and lesbians. HIV negative gay men are seroconverting for a large variety of reasons which are not related to knowledge of how AIDS is contracted. In spite of considerable knowledge about the disease, gay men, especially young gay men, are becoming infected at alarming rates in larger cities. Some of the reasons given by anthropologists include the difficulty young gay men may have in believing in a better future for themselves, or in seeing remaining HIV negative as a beneficial life value. For many others there is a pervasive sense of hopelessness accompanied by a negative self-image, reinforced by the internalization of homophobic messages from the world around them.

Whatever the reasons, the numbers of seroconversions are alarming. Solutions to this epidemic within an epidemic will be difficult at best. They will require many more meetings like this one, and may require a radical change in how AIDS prevention is carried out in the future. ▼

Open Arms MCC Receives Grant

Open Arms MCC in Rochester, NY, recently received three grants totaling just over \$2,300. These grants support Open Arms' Dorcas Fund - money used to assist individuals and families in temporary financial need.

Eastman Kodak Company's DOLLARS FOR DOERS granted the church \$308, Rochester's HELPING PEOPLE WITH AIDS granted \$1,200, and \$800 was received from the Northeast District's AIDS Ministry Fund.

"The bulk of our assistance," according to Rev. Cathy Elliot, "is helping individuals and families impacted by HIV. We have helped buy a winter coat, sent children to summer camp, paid veterinary costs, provided prescription assistance as well as assisted with rent and utility bills. Our fund provides assistance for needs which fall between two other community assistance funds each with very specific and limiting criteria. We've purposely built flexibility into our fund to be as supportive as we can." ▼

Womansource HIV: Part 3: Focus on the Family

Burroughs Wellcome Co. is providing *Womansource HIV: Part 3: Focus on the Family*, a multimedia resource for HIV-positive women and their service providers. Enclosed in the kit are a 30-minute videotape and accompanying Leader's Guide. The unit presents the views and issues of HIV-positive women, their families, and providers in the delivery of women's services. The Leader's Guide contains a transcript of the video, supplementary resource materials and topics for individuals and group discussion. Participants include Carol Reese, Executive Director, and Judith Kelsey-Powell, Chaplain, from the AIDS Pastoral Care Network of Chicago. To order this resource and/or Part 1 (Psychosocial Issues - BW YO 5235) or Part 2 (Substance Abuse - BW YO 5658) call 800-722-9292. ▼



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

September 1994

AIDS Ministry at MCC of The Ozarks

Rev. Teri DeMarco, Pastor of MCC of the Ozarks in Fayetteville, Arkansas, reports, "In November, 1993, we had 58 members. And in the few months since then, we've lost 20 people to the complications of AIDS, heart attacks, and cancer. Members are numb with grief. So I brought in a grief seminar, and they've all become caretakers. They're taking care of each other. They're really in tune with each other, and it's a direct result of the deaths. They're drawing together. For the first time in our history, 14 people went to our District Conference. On Sundays, I can't get them out of here!"

AIDS Ministry at MCC of the Ozarks got started in 1988, with the arrival of Rev. DeMarco in Fayetteville. She had done her student clergy work in Fayetteville, a town of some 42,000, in the early 80's. Rev. Brad Anderson was also student clergy there at the time. She subsequently went to Shreveport, Louisiana, but was called back to MCC



Rev. Teri DeMarco

of the Ozarks as pastor in 1988. She was made a member of the Board of Directors of the Washington County AIDS Task Force before she even arrived in Fayetteville. She encouraged

church members to get involved with volunteer work with the AIDS Task Force, and now at least half of the congregation's members are involved. And many of the clients of the Task Force are members of the church. Members of the congregation are involved in direct services, the hotline, advertising, and education. But Rev. DeMarco's greatest involvement is with direct services. "We cook, we clean, we take them shopping, and we try to meet every one of their needs. Sometimes we just go and let them yell at us. We get them tickets to plays, we get them to the quilt. We've ironed out all of the problems of getting people connected to the system, and getting through the process. I do many, many memorial services."

Rev. DeMarco has also been organizing the local Interfaith AIDS Memorial Service since its inception in 1990. The service is now a cooperative venture

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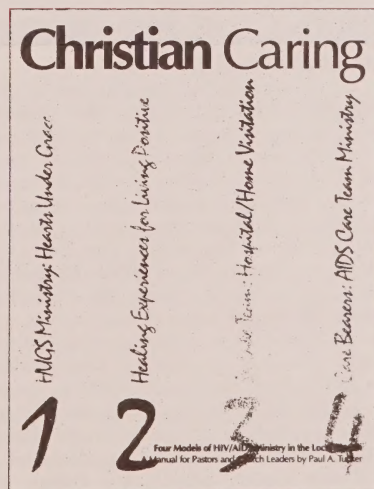
UFMCC AIDS Ministry Publishes Christian Care Manual

UFMCC AIDS Ministry is proud to announce the publication of a new manual, *Christian Caring: Four Models of HIV/AIDS Ministry in the Local Church, A Manual for Pastors and Church Leaders*. Written by the Rev. Paul Tucker, director of Christian Caring at the Cathedral of Hope MCC in Dallas, Texas, the manual suggests four different models of HIV/AIDS Ministry for the local church, dealing with conditions ranging from asymptomatic to debilitation. Each of the models suggested in this useful guide has been tested in congregations that have active AIDS Ministries.

Chapter 1 deals with "The Loss of Dreams: Asymptomatic HIV." Chapter 2 is titled, "The Loss of Healthiness: Symptomatic HIV," and Chapter 3 talks about "The Loss of Independence: Debilitating HIV." The four models presented are the "HUGS Team Ministry," "H.E.L.P. Groups," a 10-week support group; "The St. Luke Team" for hospital and home visitations; and "Care Bearers: AIDS Care Team Ministry."

Not only does the manual provide training procedures and guidelines for creating each model of ministry, but Rev. Tucker also deals with stress, burnout, and caring for caregivers. The manual also provides monthly report forms for volunteers involved in each model of ministry.

To order the manual, please use the order form included in this issue of ALERT. Or send your order to UFMCC Church Services, 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029, USA. The manual costs US\$8.00 plus \$2.00 shipping and handling per book. California residents add 8.25% sales tax on the cost of the manual. ▼

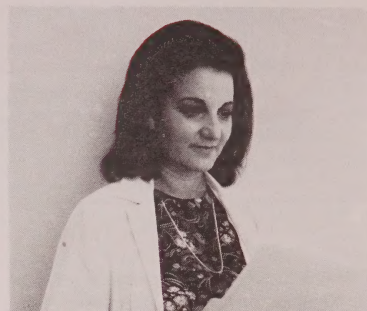


Dr. Levine Awarded Coveted Medallion

Alexandra M. Levine, M.D., who has presented the HIV/AIDS medical updates at the past two General Conferences, has been awarded the University of Southern California Presidential Medallion. Dr. Levine is the eleventh person to be awarded the medallion in the history of the University.

The medallion "honors members of the USC community who have made distinctive contributions to the life of the university, both in academics and involvement in the broader life of the university." Dr. Levine is a professor of medicine and chief of hematology at the USC School of Medicine, as well as deputy clinical director of the USC/Norris Cancer Center. She has served on the faculty of the USC School of Medicine since 1977.

Dr. Levine is an internationally recognized authority in hematology, treating patients with leukemias, lymphomas, and Hodgkin's Disease. She is also world-renowned for her extensive research in AIDS and the cancers associated with HIV disease. She has been working since 1987 with Dr. Jonas Salk in the development and testing of a vaccine for HIV. ▼



Dr. Alexandra M. Levine, M.D.

Acyclovir Therapy in HIV Infection

GMHC Treatment Issues has published an article by Dave Gilden (August 1994 issue, Vol. 8, #7), citing an increasing number of studies which suggest a survival benefit from acyclovir for persons with AIDS. Gilden notes, "One physician, Marcus Conant, M.D., of San Francisco, ... recommends that his patients start acyclovir as soon as they know that they are HIV-positive, a regimen he says he first tried in 1987. He thinks that acyclovir helps slow disease progression by suppressing herpes viruses, which perhaps act as a co-factor in producing AIDS. The dose he recommends is 40 mg twice a day, the standard one used to prevent recurrent herpes attacks.

"Dr. Conant's recommendation is really based on his intuitive feeling; he has little data to back him up." The article also reports that "Craig Metroka, M.D., prescribes high dose acyclovir in an effort to prevent infections with CMV (cytomegalovirus), which is a member of the herpes family that can cause blindness and death. However, studies, as of yet, have failed to confirm that acyclovir prevents CMV."

Gilden describes two past studies of acyclovir in HIV infection which left many questions unanswered. "One important issue is the proper dosage to take. Another is the duration of acyclovir's benefit."

In an analysis of the Multicenter AIDS Cohort Study (MACS), following the experiences of over 2,600 HIV-positive men in four U.S. cities, "the authors found that the use of acyclovir was not associated with a lower rate of progression to AIDS. But once one had AIDS, it reduced the risk of death in any given time period, again, by more than 40 percent." (Stein DS, et al. *Annals of Internal Medicine*. July 15, 1994; 121(2):100-8.) The article goes on to quote Neil Graham, M.D., of Johns Hopkins University and one of the authors of the report, saying, "Given the limited nucleoside analogs available, taking acyclovir now makes sense. It's well tolerated. There's now enough data to indicate that people with both AIDS and herpes virus should take it. This is the first evidence that combination therapy works."

ACTG 063, a two-year trial comparing AZT alone to AZT plus acyclovir in 400 persons with CD4 counts of less than 200, "has been languishing in the hands of the statisticians for over a year," according to Gilden. He cites "in-fighting

within the government's ACTG network and manufacturer Burroughs Wellcome's wavering financial support as two of the major obstacles to ACTG 063's completion.

"AIDS-related acyclovir trials have not been accorded priority by either private or public researchers. According to noted AIDS researcher Michael Saag, M.D., of the University of Alabama, 'People don't stand up and endorse acyclovir because no one understands why it should work.'"

The author concludes, "At this point, most of those who recommend acyclovir as a therapy for HIV-infection suggest it only in advanced disease. There is no hard data, as of yet, which supports using the drug before an AIDS diagnosis. In addition, no studies support using more than 600 to 800 mg per day, the standard herpes simplex suppressive dose. Whatever dose and point in time is best, though, acyclovir should be continued without a pause after it is started to reduce the chance of resistant virus.

"It remains to be seen whether acyclovir is useful in HIV-infected people without any evidence of herpes simplex infection, but this question may not be as important as it might seem. In the MACS study, nearly everyone who tested HIV-positive also was positive for herpes simplex. (The MACS group includes only gay men, though. Trials in other populations are needed to find out how universally helpful acyclovir could be.)

"One last question is whether acyclovir increases survival in people who are not taking AZT. As one observer wryly noted, 'One thing you'll never find out from Burroughs Wellcome is whether acyclovir is useful without AZT.'" ▼

ALERT

ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research and Treatment. The Editor is Rev. Dr. A. Stephen Pieters. For more information, please write: ALERT, 5300 Santa Monica Blvd., #304, Los Angeles, CA 90029.

Rev. Christine Oscar Honored

Rev. Christine Oscar, Pastor of St. Mary's Metropolitan Community Church in Greensboro, North Carolina, has been honored with the Mark Drum AIDS Memorial Award. Given by *Q-Notes*, a local newspaper, the award was given for her "leadership, activism, education, and commitment to issues surrounding HIV/AIDS."

Rev. Oscar has devoted much of her time to AIDS ministry for many years. She has become well-known in her community for her service to people who are sick and dying. She has spent a great deal of time in homes and hospitals, looking after the spiritual needs of many persons with HIV/AIDS. She has led workshops, created panels for the Quilt, and was one of the co-founders of the Piedmont area's "leading AIDS Service organization," the Triad Health Project.

Perhaps she is best known around UFMCC for her work in the area of grief. Many people have benefitted from her articles, published in the Gulf Lower Atlantic District's newsletter on grief, *Oil of Gladness*. A number of these articles have been reprinted in *ALERT*. In Greensboro, she conducts a day-long workshop on grief, which she has offered repeatedly to local residents. Many report that her workshop is instrumental in facilitating their healing



Rev. Christine Oscar

from grief.

Rev. Oscar was recently elected to the North Carolina Council of Church's Executive Board. As pastor of one of the largest MCC's in the Carolinas, she has gained the respect and admiration of other clergy in the area through her high visibility in AIDS Ministry.

Upon receiving her award, Rev. Oscar stated that her real reward is "being able to make a difference in people's living and dying. Once I got involved in this work, I knew I would always be involved." ▼

MCC of the Ozarks

(continued from page 1)

between 15 denominations, including the local synagogue. "We didn't start out with that many," says Rev. DeMarco. "Consciousness has been raised with other clergy. There are others starting to minister to people with HIV and AIDS now, and that really pleases me, because that was my main intent. For the first couple of years, I hit a stone wall. However, now they are more willing to serve and to work with the community." The change happened when Rev. DeMarco was "finally" invited to attend the local Ministerial Association. "Once I got in, they asked me to preach at one of their meetings. It opened doors. I used Isaiah 56:7, 'for my house will be called a house of prayer for all peoples.' For the first time in my life, I had all these pastors in front of me, taking notes! I'm proud of how far they've come."

MCC of the Ozarks grieved terribly when Rev. Brad Anderson died from the complications of HIV in 1990. He had moved to Los Angeles and was pastor of MCC Silverlake when he got sick. Teri recalls, "Brad was part of our chosen family. He was student clergy at the same time I was. The congregation raised the money to send me out to L.A. to be with Brad when he was sick. The day after I left, he died. We had such a wonderful time together. One day he shared with me, 'I would love to go for a walk.' I put him in a wheelchair, and took him all over his neighborhood, and we stopped to smell the

flowers everywhere."

One of Rev. DeMarco's gifts is her ability to relieve the fear of dying. "I've been able to give a real peace and a calm. That seems to be one of my forte's. In talking with Brad about dying, he was very afraid, and then he got over it. If that peace comes, that's healing." One of her techniques for helping people through their fear of dying is taking the fearful person through a meditation. "I do a visualization of that day, and all the cloud of witnesses cheering us on. They're there to help us over to the other side. It really works well. But it changes with every person. I tailor it to suit the individual person." For example, Rev. DeMarco's mother had "adopted" Brad Anderson before her death. "I told Brad that she would be there for Brad when he made his transition."

Rev. DeMarco has learned a great deal through her AIDS Ministry. "It's taught me that not all healings are physical, and at no time are we ever alone. The God I used to believe in that was so far away, I now find in each person I deal with. That inner light is there, and that's the Christ light. After all the anger you deal with from people with AIDS, and after you help them with that anger, I've found they can go on and live a joyous life, even in the face of dying. I'm convinced that three-quarters of our healing comes when we reach out to others." ▼

Pregnancy Hormone Studied For KS

A report in *GMHC Treatment Issues* (August 1994, Volume 8, Number 7) reveals that based on animal studies, "a pregnancy hormone, Human Chorionic Gonadotropin (HCG) may show promise as a treatment for Kaposi's Sarcoma (KS)...Reports circulated last year that two European women with KS had a "spontaneous resolution" of their lesions after becoming pregnant...Dr. Robert Gallo's lab at the [U.S.] National Cancer Institute duplicated this phenomenon in mice and proposed that HCG may be a useful treatment for KS."

Since that experiment, HCG has been tried in over 500 mice, and the results have been "very encouraging," according to the researchers.

Dr. Parkash Gill, a leading KS researcher, will be conducting a clinical trial of HCG in human beings with KS. This trial "will evaluate HCG as both an intralestional and intramuscular injection." The trial will be held at the University of Southern California (Parkash Gill, M.D., 213/224-6668.)

HCG, which has FDA approval for use treating infertility in women and failure of the testicles to descend in boys, may have significant side effects. "According to the *Physicians Desk Reference*, injectable HCG may cause...headache, irritability, aggressive behavior, and phallic or testicular enlargement." ▼

Treatment Briefs

By David Gold

[The following four articles are reprinted with permission from
GMHC Treatment Issues, August, 1994, Volume 8, Number 7]

Promising Lymphoma Treatment

MGBG, a product developed by Sterling Winthrop, may show promise as a treatment for AIDS-lymphoma, according to a report at the Thirteenth Annual Meeting of the American Society of Clinical Oncology held in Dallas from May 14 to 17, 1994 (abstract 11). In the study, led by Alexandra Levine, M.D., of the University of Southern California, MGBG was given intravenously (600 mg) on day one, day eight, and then every other week to fifteen patients with relapsed and refractory AIDS lymphoma.

A median of five doses of MGBG was given. Two complete responses and three partial responses were reported. Thus five of fourteen patients (36 percent) saw some response to the drug. The average CD4 count was 90 at the trial's start, and median survival was 4.3 months. MGBG also was associated with some weight gain. Toxicities were "very mild" according to Dr. Levine and included skin flushes during infusions, nausea and vomiting (three cases), and euphoria.

Standard chemotherapy for lymphoma is often difficult to tolerate, particularly for those with advanced HIV disease. This small study suggests that MGBG may be of some benefit in treating AIDS-related lymphoma. Larger trials should be started without delay. These studies should consider an arm with a higher dose to see if the response rate can be improved. An expanded access program for those who have failed standard therapy may also be appropriate.

TAG Issues KS Report

The Treatment Action Group (TAG) has issued "The KS Project Report: Current Issues in Research & Treatment of Kaposi Sarcoma." The 85-page document, written by Michael Marco with Martin Majchrowicz, is extremely informative and an impressive example of effective and targeted treatment activism.

Copies of this report can be obtained by sending US \$10 (ten dollars) to TAG, KS Report, 147 Second Avenue, Suite 601, New York, NY 10003.

Oral Ganciclovir for CMV Prophylaxis

An initial look at data from an ongoing study of an oral version of ganciclovir reportedly suggests that the drug may help prevent the onset of CMV disease. The study, which enrolled over 700 HIV-positive individuals with less than 50 CD4 cells and a positive CMV viral titer, randomized patients to either 1,000 mg of ganciclovir taken by mouth three times daily or placebo. According to Linda Thomas, a spokesperson for ganciclovir's developer, Syntex Laboratories, the trial's Data Safety and Monitoring Board did its first regular review in July and determined that the data showed "highly significant evidence of efficacy plus a trend towards improved survival which reached near statistical significance." The Board recommended that the placebo portion of the trial be eliminated and that all trial participants receive the drug.

Before this new data was available, Syntex had already submitted a new drug application requesting that the FDA approve oral ganciclovir as a maintenance therapy in people who had already experienced an instance of CMV retinitis. The company is likely to amend its application to add CMV prophylaxis before any symptoms appear to the proposed indication. While the FDA has this under consideration, it is hoped that some expanded access program for CMV prophylaxis can be initiated.

No Boost for AIDS Research Budget

A U.S. Senate appropriations subcommittee failed to increase the National Institute of Health's AIDS research budget. The subcommittee left research funding at the same level as the House (\$38.5 million below President Clinton's request). It also reduced the House's appropriation for AIDS prevention by \$37.7 million and increased care money under the Ryan White Act by \$8 million. Richard Ford, of Senator Patrick A. Moynihan's (D-NY) staff, contacted *Treatment Issues* proudly reporting that Senator Moynihan had written to Senator Harkin, (chair of the appropriations subcommittee) requesting that Ryan White funds not be reduced in the 1995 budget. Ford, who is Senator Moynihan's chief staff person on AIDS, expressed both surprise and skepticism when it was pointed out to him that the AIDS research budget was part of the NIH authorization and not part of Ryan White funding for AIDS care.

NAPWA Offers FAX Info

The U.S. National Association of People with AIDS (NAPWA) has initiated a fax service, providing the latest information to AIDS care providers and people living with HIV. NAPWA Fax is a fax-on-demand system that will provide free and timely information about:

- Funding alerts for public and private grants
- Health and treatment needs
- Insurance and benefits
- Legal issues...and much more

NAPWA Fax provides an immediate response 24 hours a day, seven days a

week. Simply dial from the phone on your fax machine to hear a catalogue of topics and to order information from the automated voice system. Documents requested will be automatically faxed back to you. The NAPWA Fax number is 202/789-2222. ▼



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

November/December 1994

[Editor's Note: Please note that this is a double issue for November and December. There will be no separate December issue.]

So What Gets You Through?

By Ravi Verma, Director of Administration for UFMCC

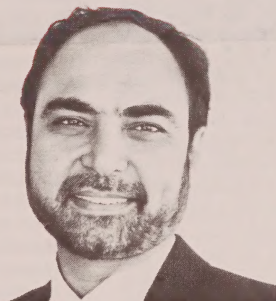
In this year, 1994, three of my friends died of AIDS, a couple I know broke up partly because one is HIV+, and another HIV+ man suddenly sold his business and left town. Another has neuropathy and is dying, a friend's father died, another's father had a stroke and is in a convalescent home, another had to put her mother in a skilled nursing home, another friend's ex-lover was killed by her ex-partner in a domestic violence scene, a co-worker's sister died, and another friend assisted the suicide of her long-time friend. My church building (MCC Los Angeles) collapsed in the earthquake, and we have been moving from location to location. I know I am not alone in going through all this.

And I wonder why I am depressed and how I can continue going on.

I know about multiple losses and grieving. I know about setting up a good support system, about exercising regularly, about the importance of my therapy, about making time to let my feelings out, and about not getting too hungry, tired, lonely or angry.

And I wonder why I am depressed and how I can continue going on.

My sense is that we have reached another level in this epidemic. One for



Mr. Ravi Verma

which there are no signposts yet. No one has gone before, and we are moving in it, often alone, sometimes with a few other weary travelers.

And I wonder why I am still depressed and how I can continue going on.

Some observations about this path:

People are tired of talking about "grieving." Many people shut down when the issue comes up. The old paradigm about

the stages of grief does not help too much. The very term "grief" shuts people down. We need new words to identify what is happening. There is not enough time to go through the cycle, for loss upon loss does not allow the luxury of closure. A new model to describe and lead us through multiple losses does not exist.

Some HIV-positive people are living longer, and it takes a different kind of process to go through it. Living with one you love and sharing a long journey of hospitals, medications, and emotional roller coaster rides has its own rhythm which can beat with refrains from old losses. This produces a strange opera. And how does one who is struggling with health issues deal with the layers of loss and the emptiness that follows, all at the same time? Haven't you heard people say, "I don't go to funerals anymore," or "I thought I was done with this..." or "You should just move on..." It's harder and harder to find people who will talk about it. Sometimes it is

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AIDS Care in England: Absolutely Fabulous

By Rev. Louis F. Kavar, Ph.D.

Progressive, innovative, and holistic: HIV/AIDS services in England set a different standard from what we know in the United States. From August 23 till September 14, I had the opportunity to visit several cities in England, touring many HIV facilities, and speaking in a number of venues about spirituality and HIV.

At London's Globe Centre, a four story community resource center for people living with AIDS, traditional services provided by clinical nurse specialists,

social workers and occupational therapists are coordinated along with acupuncture, massage, creative arts, and hydrotherapy. Under the direction of the Rev. Elder Hong Tan, Executive Director of the Globe Centre, clients, including gay men, children, women, and ethnic minorities, are encouraged to reduce stress, live healthy lives, and explore creative interests. This integrated approach, often seen as the fringe of care in United States, is normative in

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ALERT Reader Survey

In a continuing effort to respond to your needs, and to know what you want in UFMCC's monthly newsletter on HIV/AIDS issues, we are including a Reader's Survey in this issue.

Please take a few moments right now to answer the survey, fold it over as indicated, and mail it back to us by December 15, 1994.

Thank you for your help! ▼

So What Get's You Through?

(continued from page 1)

not politically correct for non-HIV-positive people to talk too much about their own grief process. After all you are not the one dying. We know that is nonsense, but it does not make it easy to talk about it. Survivor guilt, unconscious guilt, and abandonment are significant issues.

And I wonder why I am still depressed and how I can continue going on.

Not finding better ways to navigate this will lead to more "acting out" in our homes, offices and churches. All the other issues in a church's life get tangled up in our grief issues, and we take it out on each other. I feel I need a special radar to know what the real conflict is, when different people react in different ways to grief issues. Popular wisdom says that when a key member of the community dies, expect some kind of fall-out.

And I wonder why I am still depressed and how I can continue going on.

Some of my concerns about all of this include:

---Alcohol, drugs, sex and others often get abused more.

---More will "slip" and have unprotected sex, and we can expect an increase in the conversion rates. How many definitions have you heard about how men interpret safe sex when it comes to oral sex? How many times have we told each other about the times we slip as if talking or not talking about it affects the risk. How many lesbians use dental dams? How can we celebrate and practice the joy and goodness of sex?

---Our communities will have to deal with people who are IV drug users, with people of color communities, with women who often don't have access to medical care or education. The conflicts between the "have's" and "have not's" grow more intense.

---Men's communities continue to change. A generation that came of age in the 70's is lost. ACT UP and Queer Nation seem to have run out of steam. There is a whole professional cadre of health workers. Generation X is a world unto itself, and often safe sex messages are not getting through. It forms another barrier between generations: there is a loss of mentors, and maybe even a fear of connecting with those who remain from the older generation.

---There is already a need for programs for HIV-negative men. This raises difficult and critical questions, starting with the relationship of HIV-negative and HIV-positive men. HIV-positive men ask, "Why do they need this?" or "Is this going to be a social group so that they can only date each other?" "In a fragmented community, do we need further divisions?" Good questions. How do we do this when in so many places it is not safe for HIV-positive people to be out? And if they are, do they have loud enough voices to be heard, and are they encouraged to speak out? This dialogue is important, and is not without anger and passion.

---Women have been part of the care process from the beginning. Women's issues often don't get the funding, access, or attention they need. Lesbians living with HIV are erased, and many lesbians live in denial about their own risks. Issues between women and men get accentuated, and the dialogue is not without passion and anger.

---Differences between urban and rural communities will increase. What happens in urban areas regarding loss and grief may not reach that level in rural areas. Access to information and resources are different. During the bubonic plague years, some people left the infected areas and moved out to rural areas where they fortified themselves and lived

in protected enclaves. Outsiders (i.e., infected people) were not allowed. Nowadays, we are seeing people move to rural areas because they can't bear to lose another friend, or go to another funeral.

---The religious nazis have become more violent in their hate-mongering. They are organized, well-funded, and out to destroy our movement. They are using AIDS to further their cause. These fanatics are popping up in several countries and are of several religious persuasions. Do we have strength to organize for this battle?

---Should our overall strategy for our future be one of "resistance" or "collaboration:" questioning and demonstrating against authorities, or working with the powers that be? How do we embrace both?

---What happens as AIDS in African and Asian countries surpasses anything we have seen so far? Differences in health care availability, cultural and religious issues hinder effective outreach and care.

And I wonder why I am still depressed and how I can continue going on.

A friend said, "It comes down to this some days: It's a good day if I don't go out and start shooting people." Scary, but I can empathize.

And I wonder why I am still depressed and how I can continue going on.

Of course, there are moments of hope and grace, of profound humility and of deep joy. Sometimes it overwhelms me, and I focus on the big picture because it's too painful to look at myself and what I am feeling or avoiding feeling. Celebrations take on a more urgent role and serve to connect us powerfully. These happen at Church, at an ashram, at memorials, at a dance, at Gay & Lesbian pride parades, at demonstrations, or during special rites and rituals. Or they happen in the quiet of my bedroom as I am caressed by the "peace that passes understanding." Or it happens during sex.

More often it happens in those small, daily connections with loved ones. A smile, a call, a late night phone conversation, some contact with one who is a fellow traveler on this journey. I have faith that we can come up with programs to answer some of these needs. However, the "work" that we do must be of equal importance as what happens to us when we do the "work." Today I feel skeptical if we can take care of ourselves and each other enough as we do this. I do not know if we can have enough of small and big moments that connect us and strengthen us. I do not know if we can have the courage to start opening up instead of shutting down.

And I wonder why I am still depressed and how I can continue going on.

How do you do it? ▼

[ALERT invites its readers to respond to Mr. Verma's article, answering the question, "So What Gets You Through?" Some readers' replies will be featured in future issues.]

Side By Side: Women Against AIDS in Zimbabwe

A fifty minute documentary, Side by Side: Women Against AIDS in Zimbabwe, is a positive message of self-help and determination about Zimbabwean women fighting AIDS by mobilizing communities, educating people, and empowering women. Available from: Villon Films, 229 B Perkins Road, Rochester, NY 14623. Phone and fax: 716/272-1458. ▼

AIDS Care in England...

(continued from page 1)

England and receives substantial funding from local government.

Healthy Gay Manchester, a gay men's risk reduction program in the city known as the British San Francisco, proves that safer sex information can be exciting, erotic, and fun. The Rev. Paul Whiting, pastor of MCC Manchester, provides visionary leadership at Healthy Gay Manchester with an almost evangelical zeal. During the Absolutely Fabulous Carnival, a three day event, Healthy Gay Manchester unveiled a T-shirt and postcard campaign with slogans utilizing the groups initials: HGM. Hundreds of Hot Gorgeous Men attended the Carnival in T-shirts captioned Hung, Godlike and Modest; Horny, Gorgeous and Magnificent; and Hormones Gone Mad. An interactive video experience laced with subliminal safer-sex messages drew enthusiastic participants. It was impossible to attend the Carnival and not be better educated about safer sex practices in an exciting and dynamic way.

At the monthly meeting of HIV Coordinators from local government health authorities in the Northeastern region of the country, I was surprised by how open and practical government bureaucrats could be. Being introduced to the group by Mr. Jim McManus, a member of the pastoral team of MCC New Castle and an HIV Coordinator for local government, I quickly discovered that the common strategy was simple: the cost of effective risk reduction education is lower than the cost of caring for one person with AIDS; therefore, high priority is given to risk reduction education. One of the programs discussed was a squad of Safe Sex Marines. The Marines are men who are paid by the local government to undergo extensive education about HIV and transmission. Marines are then given a supply of condoms and lubricants and encouraged to have sex with as many people as possible. Their mission is simple: teach safer sex in the trenches.

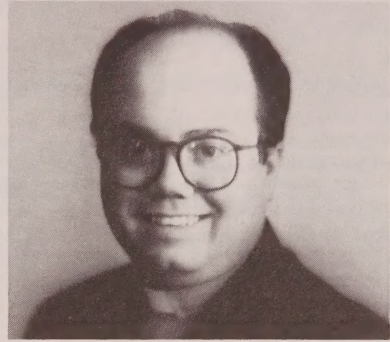
Local government health authorities also review risk reduction material from many countries including the United States, Germany, and Australia. The best of the work from other countries is reproduced and used widely. Information about sex with condoms is commonly found in public rest rooms at the airports and in many other places around the country. Numerous informational campaigns target specific groups and are easily accessible.

"Strokes For Life: Brushing Away the Denial"

The AIDS Prevention Team (APT), a project of The Black Gay and Lesbian Leadership Forum (BGLLF), a Los Angeles-based agency specifically targeting the African-American community, hosted "Strokes for Life: Brushing Away the Denial," an art exhibit about HIV and AIDS in the African-American community.

The AIDS Prevention Team sponsored the exhibit in recognition of National Coming Out Day, October 11. The exhibit focused on recognizing and dealing with the impact of the deadly pandemic of HIV and AIDS and how it is affecting the African-American Community. The featured African-American artists were: Mark Durham, Victoria Anderson and M. Patrick Jackson. The exhibit was held at the APT office in Los Angeles, from October 11, 1994 through October 15, 1994. There was an artists' reception on October 15, 1994.

Rev. LaPaula Turner, Public Relations and Media Coordinator for BGLLF, (and a UFMCC clergyperson), said "Coming out is a proactive responsibility taken by communities, groups and



Rev. Louis F. Kavar, Ph.D.

Perhaps the most impressive agency I visited was the Sanctuary in the coastal town of Bournemouth. Founded by MCC Bournemouth with the Rev. Neil Thomas continuing to serve on the board, MCC's leadership in creating the Sanctuary continues to be pivotal. The Sanctuary is a residential center for 46 people and provides both respite and hospice care. Several local government authorities pay for people living with AIDS to spend a few weeks each year in respite care at the Sanctuary. In addition to traditional medical and psycho-social care, the Sanctuary offers a holistic approach to health through aromatherapy, hypnotherapy, massage, color, art, and music therapies, physiotherapy, homeopathy, and acupuncture. At the Sanctuary, I was introduced to the Snoezelen. A Snoezelen is a specially equipped room utilizing an innovative Dutch concept in stress management and relaxation therapy with the aid of bubbling water, colored light, and music.

My travel in England made it clear the levels of care available differed from region to region. Yet, it was evident that people living with AIDS received more comprehensive care in England than is normative in the United States. In England, the clear emphasis was on quality of life...an emphasis from which people with AIDS in the United States would benefit from greatly. ▼

[Rev. Louis F. Kavar, Ph.D. is pastor of MCC South Beach and chaplain for South Florida's HIV Pastoral Care Network.]

individuals of all ages, sizes, economic statuses, cultures and races. The AIDS Prevention Team challenges the African-American community to "come out" of denial about the impact of HIV and AIDS as it has disproportionately presented itself to our community. There are babies with AIDS, teenagers who think that it happens to everyone else, and adults who don't want sex education in the schools but refuse to teach their own children how to protect themselves. Too long have we been in denial about those in our midst who are living with HIV and who have died of AIDS."

The APT provides HIV/AIDS education and client services relating to prevention, early intervention and treatment options, geared specifically to the African-American community. The BGLLF, established in March, 1988, was formed for African-American Lesbians and Gay Men to exchange information and to address urgent issues facing the African-American Gay and Lesbian community. ▼

Exercise Benefits To HIV+ Men

By Kathleen Doheny

[reprinted with permission, BCPWA News, Issue #80, Oct/Nov 1994]

A growing body of research suggests what some people already know: exercise is good for you if you're HIV positive.

Workouts can help HIV-positive men increase their muscular strength and their heart/lung fitness with no decline in the key immune system cells called CD4 or T4, according to a study published recently in the *Journal of Medicine and Science in Sports and Exercise*.

The researchers compared 37 HIV-positive men who exercised with 37 HIV-positive men who served as the control group. The exercisers, who had all been physically inactive for the previous six months, worked out three times a week for 12 weeks, combining stationary bike riding with strength and flexibility training during one hour sessions.

The control group received health maintenance counseling, but did no formal exercise and showed no strength gains at the end of 12 weeks -- suggesting they were involved in little or no physical activity, says Peter Raven, study co-author and professor of physiology at the Texas College of Osteopathic Medicine in Ft. Worth.

Researchers can't say for sure whether exercise can help HIV-positive women in the same way, since none participated in the study. Nor do researchers know the effects of long-term exercise on the immune system of an HIV-positive person. Another men-only study, conducted at the University of Miami, found that moderate aerobic exercise and relaxation techniques strengthened

the immune system of HIV-positive people and even increased their "helper" cells.

The key, say experts, is to keep exercise moderate. In general that's "three times a week, one hour a day, with fairly intense exercise, enough to raise the heart rate to 150-170 beats per minute, with some weight training," suggests Raven.

The concept of exercise for HIV-positive people "makes a lot of sense" to Dr. Stephen J. Gabin, medical director of the AIDS unit at Century City Hospital (in Los Angeles). "In infected patients who are not sick, exercise is clearly beneficial," he says. But he cautions that each exercise program should be individually prescribed, based on health status, former level of activity and other factors like body weight.

Gabin tells patients, "Don't be afraid of exercise. It won't damage your immune system, and it's likely to help you in many ways."

In agreement is Nicholas Andriole, a volunteer for Being Alive, an information and support organization for people with HIV or AIDS. Andriole, who says he tested positive in 1988, has been exercising every other day for more than a year. During one-hour sessions, he walks a treadmill, rides a stationary bike and does strength training. "I'm seeing the development in my body I always wanted," he says. As important, he adds, the activity helps keep him optimistic. "Patients (who exercise) get a better self-image," Raven says, "and this seems to help them not give up." ▼

HIV Infection in Women Conference, February 22-24, 1995

(reprinted with permission, AIDS Treatment News, Issue #206, September 2, 1994)

The first U.S. national scientific meeting on HIV infection in adult and adolescent women will take place February 22-24 at the Sheraton Washington Hotel in Washington, D.C. This conference is sponsored by the U.S. National Institutes of Health, the Centers for Disease Control, the Food and Drug Administration, the Public Health Service Office on Women's Health, and other Federal agencies. Due to delays in getting final approval, the conference was not announced publicly until recently.

To receive the announcement and Call for Abstracts, or for exhibitor information, contact: HIV Infection in Women Conference, Conference Secretariat, Suite 300, 655 15th St., NW, Washington, DC 20005, phone 202/639-4111, fax 202/347-6109. ▼

HIV Info in Four Languages For Free!

The AIDS Action Committee of Boston, MA, has published a series of pamphlets designed to reach people who might not otherwise have easy access to information about HIV. *Matter of Facts* is an HIV and health information project designed to bring early intervention messages to people who are typically kept out of the information loop. Because this information is simplified, this series may be a first step for questions which lead clients to make positive HIV health decisions. The non-slick look of *Matter of Facts* provides information that is easy to revise or adapt, easy to access, and also cheap to reproduce. Duplication of this material is encouraged.

The fact sheets deliver basic information about HIV-related topics in simple, clear language and pictures. The development of this project was possible with the generous input and review from members of the HIV health care community in Boston. By including providers who serve diverse clients, the pamphlets capture the essence of what health information is needed to empower people living with HIV. It is hoped that this project will fill a gap that has long been overlooked in materials development.

Fact sheets are available in English, Spanish, Portuguese, and Creole for the following topics:

- *Information About T Cells;
- *You Can Live a Healthy Life with HIV;
- *Listen to Your Body, Don't let Problems Wait;
- *How to Look for a Good Doctor and Nurse;
- *We Want to Help You;
- *Pregnancy and HIV;
- *Medication Can Help Protect Your Health; and
- *Protect Yourself from Infections.

For general information about *Matter of Facts*, to include resources for your region in any of the fact sheets, or to order these helpful brochures, call Jeff Walker at 617/450-1234, or write to AIDSAction Committee, Attention: Educational Material, 131 Clarendon Street, Boston, MA 02116. *Matter of Facts* was developed and produced by Lori Copan. ▼



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

April 1995

AIDS Ministry at Joy MCC, Orlando, Florida

Patrick Blake is the AIDS and Health Ministry Coordinator of Joy Metropolitan Community Church in Orlando, Florida. Diagnosed for five years as HIV positive, he attended a seminar at King of Peace MCC in St. Petersburg by Rev. Steve Pieters several years ago. From that experience, he was inspired to start a Spiritual Strength for Survival group at Joy MCC, and within a year, eighty people had been through the group. In 1994, the numbers jumped to 300 in two different support groups. Patrick is hoping to have eighteen groups by the end of this year, dealing with all kinds of different health issues. A group for women is starting up, and there will soon be groups targeting Hispanics and African Americans. Patrick will soon start a Spiritual Strength for Survival group in a nearby state prison.

Joy MCC has a long history of AIDS Ministry. In the early eighties, the church gave birth to the first AIDS service organization in Orlando, Centaur, Inc. The church is still involved, doing "a lot of outreach and education through them," according to Blake.



Mr. Patrick Blake

Today, the AIDS and Health Ministry of Joy MCC is run out of the Bailey Center, a two-story house right on the church property. It is named for a former client, David Bailey, who left money to support an AIDS Ministry at Joy MCC.

Patrick reports there are two volunteers helping sort through grant procedures, answer phones, remodel the

building, and keep files and records. They currently have "two phone lines and one computer," he proudly notes. Also, Dorothy Kuhlman works out of the Bailey Center as a nursing home liaison, making sure patients' needs are met as they deal with case managers, hospitals, and nursing home bureaucracies. She developed this program "because it was needed." Her position is funded through Ryan White funding. They have also established a memorial garden, where family can mount plaques to remember their loved ones.

The AIDS and Health Ministry runs a food bank as part of its support services. The number of people served doubled between 1993 and 1994, and they currently serve 700.

In educational services, the church offers "Loving Me, Loving Myself" to the community, a workshop designed to help people "take care of their Christian sense of self." Patrick also distributes education and prevention information

(Joy MCC, page 2)

AIDS Ministry Plans for General Conference

UFMCC AIDS Ministry has a full program of activities planned for General Conference XVII in Atlanta, Georgia, July 23-30, 1995. HIV/AIDS will be one of three tracks in Health and Wholeness Programming. The other two tracks will deal with alcohol/substance abuse, (organized by Rev. Eleanor Nealy) and women's and men's non-HIV-related health issues (organized by Rev. Dr. Lori Dick).

In HIV/AIDS programming, noted writer and gay activist Eric Rofes will speak at a plenary session regarding, "The Role MCC Can Play in HIV Risk Reduction." Rofes will also be facilitating groups of "Men Talking About Sex," a program which has been highly successful at MCC San Francisco.

Since Atlanta is the home of the U.S. Centers for Disease Control and Prevention (CDC), UFMCC AIDS Ministry will take full advantage of this opportunity, and HIV prevention

(AIDS Ministry - General Conference, page 2)

New Publishing Schedule For ALERT

The UFMCC AIDS Ministry Task Force has decided to make ALERT a quarterly publication. For the last seven and a half years, ALERT has been published (almost) monthly. The April, 1995 edition will be the last monthly issue of ALERT. The next issue of ALERT will be published in July, 1995.

Readers will receive ALERT in January, April, July, and October. During other months, information regarding HIV/AIDS issues will be included in Keeping in Touch, the official monthly publication of the Universal Fellowship of Metropolitan Community Churches.

Individuals who currently receive ALERT, but not Keeping in Touch, will be added to the Keeping in Touch mailing list. However, agencies, organizations, libraries, and other institutions will continue to receive only ALERT.

(New Schedule for ALERT, page 2)

AIDS Ministry-General Conference

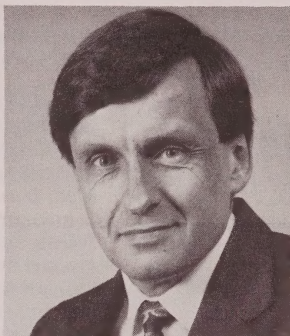
(continued from page 1)

will be a recurring theme at this year's General Conference. Harold W. Jaffe, M.D., and Dawn Smith, M.D., will be delivering a medical update, with Dr. Jaffe focusing on trends in the HIV/AIDS epidemic, and Dawn Smith looking at HIV issues for women. Dr. Jaffe is the Director of the Division of HIV/AIDS of the National Center for Infectious Diseases at the CDC. Dr. Smith is a highly respected researcher in women's health issues at the CDC.

Dr. James W. Curran, M.D., will be the keynote speaker at the AIDS Ministry Luncheon. Dr. Curran is the Assistant Surgeon General of the U.S. Public Health Service, as well as Associate Director for HIV/AIDS and Director of the Office of HIV/AIDS at the CDC.

There will be a number of AIDS Ministry workshops throughout the week:

- ♦ Noted Los Angeles



Dr. James W. Curran

psychologist Sandy Jacoby Klein will teach "AIDS-related Multiple Loss Syndrome."

- ♦ Rev. Paul Tucker will offer a workshop based on his AIDS Ministry manual, "Christian Caring."

- ♦ Rev. Evan LeBlanc will teach "Home and Hospital Visitation."

- ♦ Rev. Steve Pieters will repeat the successful "How to do a Spiritual Strength For Survival Support Group."

- ♦ Alison Arngrim, Bob Schoonover, Wendy Arnold, and Rev. Pieters will present a "how-to" workshop on the new Peer Education Program for MCC youth.

- ♦ Rev. Alan Eddington will offer a workshop on church programming for HIV negative men.

Once again, there will be a daily Spiritual Strength For Survival Support Group for persons living with HIV/AIDS. Rev. Pieters, along with Deacon Tad Lincoln from Christ MCC in Miami, will co-facilitate the group.

There will also be a gathering for those who work as HIV/AIDS ministry staff in local churches. Ms. Jane Rogers and Mr. Larry Young, both members of the UFMCC AIDS Minis-



Dr. Harold Jaffe

try Long-Range Planning Task Force, will be assisting Rev. Pieters in coordinating the AIDS Ministry activities at General Conference XVII. ▼

NMAC Produces Finance Manual

The U.S. National Minority AIDS Council (NMAC) has published a new *Finance Manual*. According to the authors, "this handbook is not directed mainly at accountants or staff directly involved with accounting. This handbook is for executive directors, program managers, and board members who are responsible for crafting financial strategy, for ensuring financial accountability, and for monitoring financial and program performance."

Paul Kawata, Executive Director of NMAC writes, "The purpose of this Financial Management Manual is to provide one more tool for community based organizations to manage the complexities of financial systems. We wanted to provide a quick reference for managers and board members without financial experience to use in all aspects of strategic planning and program administration."

For information on this manual and other technical assistance, write to NMAC at 300 Eye St., NE, Suite 400, Washington, DC 20002-4389, call 202/544-1076, or fax 202/544-0378. UFMCC is a member organization of NMAC. ▼

New Schedule for ALERT

(continued from page 1)

In its quarterly editions, ALERT will continue to publish information on research and treatment, education and prevention, and public policy issues. In months when there is no ALERT, Keeping in Touch will carry articles about local churches' AIDS ministries, personal stories, and information on resources, conferences, and other educational opportunities.

This change in ALERT's production schedule will give the Field Director of UFMCC AIDS Ministry more time to create resources for local churches and districts. The decision was also based on budgetary concerns, as well as on the Task Force's discussion about the ALERT Readers' Survey responses. It is hoped that with this new publication schedule, we will be balancing the needs of those who value treatment information, as well as resolving some budget issues. ▼

Joy MCC

(continued from page 1)

at gay bars and clubs. Orlando is one of the leading vacation destinations in the world, and he reports that gay men love to come there to escape the realities of their lives. He says prevention efforts are "very frustrating" in that environment. Most recently, he has received permission to reprint and distribute "Tribal Writes: Unsafe Sex is Killing Us," by Connie Norman from the March 1995 ALERT.

While all this activity is providing badly needed services for persons with HIV/AIDS in Orlando, it is difficult to find financial support for this ministry. Patrick and his volunteers are focusing on grant-writing, and he is quick to take this opportunity to ask for help: anyone who has any information about how to obtain grants and grant information are urged to call Patrick at 407/898-3335 or 898-3418.

Rev. Jimmy Brock, the pastor of Joy MCC, does many hospital calls every week, according to Patrick. It is obvious that Rev. Brock is a tremendous support for the ministry, as well as for Patrick: "He's my friend, a colleague I can talk to and cry with, and he's my spiritual guide." ▼

The "Mainstreaming" of Viatical Settlements

By John Banks, CEO of Viaticus, Inc.

[Editor's note: The following article was written by the CEO of the first viatical settlement company owned by a major life insurance company. The company, Viaticus, Inc., which is owned by CNA Financial Corp. (parent of CNA Insurance Company), brings institutional-scale capital to the industry and eliminates the need to "raise money" or find individual investors for policies. The company holds all policies they purchase as a large corporate portfolio.]

While many persons living with HIV/AIDS have benefitted from viatical settlements, there have been questions about the ethics of this practice. Are investors trading in death? Are they taking advantage of people who are dying? What happens to the survivors who are left to pay someone's final expenses without a life insurance settlement?

We offer this article in the spirit of education and awareness, and hope that it stirs discussion of the ethical issues involved in viatical settlements.]

Viatical settlements allow life insurance policyholders with life threatening illnesses to sell their policies to third parties -- "viatical settlement companies" -- at a discount on the policy's face value. This process allows individuals access to financial resources at a critical time of need, for medical or other daily living expenses.

A Brief History of Viatical Settlements

Private "viatical settlements" among family members or acquaintances have probably gone on quietly for years. It was not until the late 1980's that the service was first offered commercially in the U.S. The term "viatical settlement" is derived from the Latin word *viaticum*, meaning "provision for a journey."

When this option first began to take hold in the U.S., the viatical settlement business existed more as an informal network than a regulated financial service. Some firms were little more than speculative ventures, sometimes without the capital resources necessary to ensure fair, timely payouts to terminally ill patients.

The first viatical settlement companies primarily served the AIDS community, which did much to publicize the service. However, today, individuals diagnosed with cancer, heart disease, or other life threatening conditions also use this financial service. Health care workers and patient advocates have been very positive on the many benefits a viatical settlement can bring to their patients. These professionals realize that relief from pressing financial burdens can often help a patient regain financial control and hope in their life.

How Viatical Settlements Work

If a person has been diagnosed with a life threatening illness and his or her life insurance policy has been in force beyond the contestable period (generally two years), he or she may be eligible for a viatical settlement. As long as ownership can be transferred, almost any type of policy can be viaticalized, be it term, whole or universal life, or even an employer group policy.

The payout depends on several factors, primarily the projected life expectancy of the patient, but also including the cost of future premium obligations, policy loan payments, and prevailing interest rates. Under current industry guidelines, promulgated by the National Association of Insurance Commissioners (NAIC) viators receive between 50% to 80% of face value.

Viatical Settlements vs. the ADB

As an option for life insurance policyholders, viatical settlements differ from the accelerated death benefit (ADB) rider in several important ways. An ADB is issued by a specific insurance company for only the policies it writes, and often for very specific diseases.

On the other hand, viatical settlements are very flexible, can be offered for life expectancies of three years or more, and most viatical settlement companies will purchase policies issued by any creditworthy life insurance company.

Soaring Health Care Costs Drive Demand

The major attraction of the viatical settlement to those with life threatening conditions is the ability to tap significant financial resources when they are most needed -- particularly to pay for very expensive medical bills not covered by their medical plan. The soaring cost of health care in the last few decades is well documented: in 1965, the per capita medical expenditure was \$205, representing 5.9% of the GNP; by 1990, that figure had jumped to \$2,511 per person, or 12% of the GNP. Americans currently spend about \$900 billion on health care.

In the case of a long-term and/or terminal illness, the costs for hospitalization, treatment, home care, and other expenses can be staggering. Health insurance, Medicare, and Medicaid may not be sufficient in many cases.

Given that a seriously ill person can no longer work and usually has significant financial obligations, such situations can ravage an individual's or family's life savings. In fact, it is estimated that two-thirds of American families would soon be financially distressed if the head of the household were to become seriously ill.

Across the country, insurance professionals and health care providers are helping spread the word on the value of viatical settlements. For example, in Southern California, a large insurance organization is conducting seminars at hospitals and nursing homes in conjunction with financial planning seminars. Orin Richards, President of Program Insurance Marketing and a leading life insurance agent in the region, states that there is tremendous interest in this service as a way to regain financial control and restore hope in one's life.

Industry Regulation Now Emerging

As the viatical settlement industry moves into the mainstream of insurance products, there is now a move toward increased government oversight and regulation. Many viatical settlement companies welcome the trend, believing that responsible regulation of viatical settlements is in the best interest of viators, their families, and the viatical settlement industry.

In December 1993, the National Association of Insurance Commissioners (NAIC) adopted the Viatical Settlement Model Act and drafted a Model Regulation to guide the viatical settlement business. Viatical settlement industry leaders worked with the NAIC to develop both the Act and the Regulation to assist state regulators in this area.

Among the purposes of the NAIC model law are to ensure that viatical settlement companies inform patients of the implications of the viatical settlement, and to provide guidelines for fair payments to policyholders.

("Mainstreaming"..., page 4)

Black Church National Training Conference on HIV/AIDS

The Balm of Gilead, Inc., in partnership with The Congress of National Black Churches, presents the second bi-annual Black Church National Education and Leadership Training Conference on HIV/AIDS. The conference will be held at Howard University School of Divinity in Washington, DC, on May 22-24, 1995.

Pernessa Seele, Founder/CEO of Balm of Gilead, Inc., writes, "The Black Church National Education and Leadership Training Conference on HIV/AIDS provides education, skill building, and leadership empowerment to leaders in the African American church community and to educators who seek

to understand how to effectively reach out to and strengthen the HIV/AIDS education resources of African American churches."

Rev. Herbert Evans, a member of the UFMCC AIDS Ministry Long Range Planning Task Force, will be moderating a panel discussion on "The Faces of HIV/AIDS." Other highlights of the conference will be "Addressing HIV/AIDS in Your Church's Prison Ministry," "Black Theology Addressing HIV/AIDS," "A Time For Healing: the Black Gay and Lesbian Community and the Black Church," "Faith In Action: Developing a Pro-Active Church HIV/AIDS Policy," "How to Engage Black Churches in the

Fight Against HIV/AIDS," and "Developing Sermons on HIV/AIDS," taught by Rev. Dr. James A. Forbes of The Riverside Church in New York.

Conference registration and information may be obtained from The Balm of Gilead, Inc., 130 W. 42nd Street, Suite 1300, New York, NY 10036, telephone 212/730-7381. Registration costs vary from \$90 "early bird special" for just one day, to \$300 "full package" registrations received after May 10. Group rates of \$240 per person for the full package are available for churches/organizations of three or more persons attending. ▼

Learning to Live With Herpes and HIV

Learning to Live With Herpes Viruses and HIV, and *Questions & Answers About Genital Herpes and Shingles* are a videotape and brochure, respectively, which address concerns people with HIV may have about genital herpes and herpes zoster (shingles).

Copies may be obtained from:
Burroughs Wellcome Company
303 Cornwallis Road
P O Box 12700
Research Triangle Park, NC
27709-2700

Call 800/722-9292 (Ext. 54511) and refer to number Y05973 for the video and/or number Y06343 for the brochure. ▼

Planning Guide For Parents With HIV

Because You Love Them: A Parent's Planning Guide, released on World AIDS Day '94, helps parents with HIV disease and those with other life-threatening illnesses plan for their children's future. Parents can use this workbook by themselves or with the help of professionals in either counseling sessions or support groups.

This resource tool also assists professionals to engage parents in the process of early and continuous planning. Copies of the guide are available for a nominal shipping and handling fee from the National AIDS Clearinghouse, 800-458-5231. If you are interested in receiving over 200 copies, contact Lisa Merkel-Holguin at the Child Welfare League of America, phone 202-942-0266. ▼

Rev. Pilot Appointed To Chair College's AIDS Task Force

Rev. Kenneth E. Pilot, pastor of MCC Living Faith, St. Louis, Missouri, and Assistant District Coordinator of the Mid-Central District, has recently been appointed as Chairperson of St. Louis Community College's AIDS Task Force. Rev. Pilot works as the Manager of Employment and ADA Coordinator for the college, the twenty-third largest institution of higher learning in the U.S.

The Task Force, whose work is focused on both staff and students, has been charged with recommending policy and administrative procedures, coordi-

nating HIV/AIDS awareness/education activities, HIV testing, and coordinating efforts with community organizations. Rev. Pilot has recently facilitated the development of a proposal for a broad-based program of awareness/education to incorporate all major divisions of the College including academic, student activities, risk management, and support services. He has been scheduled to make a formal presentation on the proposal to the Chancellor and college administration sometime in the near future. ▼

"Mainstreaming"...

(continued from page 3)

The act directly addresses many of the early reported abuses of the viatical settlement service, including the need for clear disclosure of information that will enable the patient to make a fully informed decision.

The Need For Financial Planning

Financial counseling is key to ensure the policyholder understands all of his or her options and makes well-informed decisions. Tax implications of cashing in one's life insurance policy introduce many factors for one to fully consider. Income from the viatical settlement does not affect Medicare, however, it will likely affect the need-based eligibility for Medicaid.

Into The Mainstream

As viatical settlements increasingly are viewed as a very practical financial option, many observers say there's a synergy between life insurance and viatical settlements. Consumers can now unlock significant assets for immediate needs, which reflects another benefit in buying life insurance. ▼



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

March 1995

"Tribal Writes: Unsafe Sex Is Killing Us"

By Connie Norman

[Editor's Note: This article is reprinted with permission from "Update: Southern California's Gay and Lesbian Newspaper," Issue 685, February 8, 1995. Connie Norman writes a regular column, "Tribal Writes," for "Update." ALERT encourages responses to this article.]

The love that dare not speak its name is becoming our dirty little secret again. Only now it's not just putting us in closets, it's killing us. Unsafe sex is killing us. Unsafe sex has become the new dirty little secret. We have lost our commitment to safer sex. We have abrogated our leadership in the queer community to HIV prevention issues. In back rooms and barrooms, in sex clubs and in our bedrooms we have let the fog of denial fall upon us.

How many of you have had unsafe sex in the last six months? How many of you know someone who has recently tested positive? How many of you know someone else who is having unsafe sex? How many of you, when asked to have sex by Mr. Right at the moment, think that unsafe sex is OK, just this one time, him being so gorgeous and all? What happened to the condoms in the bars and the posters in the clubs encouraging safer sex practices? When did we stop caring about one another?

We got tired of hearing it, so we just stopped saying it. Now the leading killer of men between the ages of 23 and 44 years of age is AIDS. Not cancer, not accident, not violence, not heart disease, not anything else but AIDS. AIDS is killing us and it is still 80 percent Gay men who are dying. How many more? What has to happen before we get it?

"Unsafe sex is killing us...We have lost our commitment to safer sex...We have let the fog of denial fall upon us."

HIV, the virus which causes AIDS, which is the syndrome that causes death, is sexually transmitted through unprotected sex. It's just that simple. Why have we forgotten or allowed ourselves to ignore that simple message? Can it be that the forces of hatred and bigotry have won out? Have we decided we are not worthy of life?

We have invested all our energy and funds into worthless counseling and testing programs that are preventing zip. Testing is not a prevention issue, it's a treatment tool. By the time a person needs to be tested, they've already had unsafe sex. Having unsafe sex is what put them at risk in the first place. We're not doing much at all to prevent unsafe sex. We can test till we're all dead and it won't solve the problem. We're having unsafe sex with one another. That is the problem. Whatever we were doing about that problem, we've stopped doing. Or we've thrown condoms and brochures out and called ourselves finished with the task. Well, we're not finished with the task. Our brothers are dying in higher numbers than ever. Fourteen years into this plague and still most of the new infections are among Gay men. Are you listening here? Are you paying attention? Do you think that
(see "Tribal Writes...", page 2)

On The Medical Front: Is There New Hope?

By Rev. Steve Pieters

Many people returning from the International AIDS Conference held in Yokohama, Japan, expressed feelings of despair that there were no promising breakthroughs. HIV/AIDS activists all over the country articulated a new sense of hopelessness regarding medical research. Previously, there had always been something to cling to, some development that promised more time, or more quality of life, to persons living with HIV/AIDS. Something that allowed people to believe that progress was being made. But something happened in 1994 that crushed that hope.

Now we are beginning to hear hopeful sounds from the world of research again. An article on the front page of the *Los Angeles Times* of Monday, February 20, 1995, states that some researchers are beginning to feel some optimism again.

Hope is primarily centered around the results of research using combinations of antiviral drugs, as well as a different class of drugs, protease inhibitors.

Among the antivirals, there is excitement about the combination of AZT and 3TC, which together are far more effective than either one alone. Combining drugs in a "cocktail" treatment is an

approach that cancer specialists have used for years. There is now some evidence that this model of treatment will be more effective than treating HIV as a simple infection which could respond to a single drug, like an antibiotic. The theory is that a mixture of drugs will attack the virus at different stages of its life cycle.

Protease inhibitors, in recent studies, have been shown to be 10 to 20 times as powerful in suppressing HIV than AZT, and protease inhibitors are far less toxic. Some researchers are

(see "On The Medical Front," page 3)

MCC-DC's Gospel Choir Director Sets Precedent

Mr. David North, the Director of MCC Washington D.C.'s Gospel Choir, has fought for visitation rights with his three children, and won. His former wife had tried to prevent his visits, due to his gay lifestyle and his HIV status.

The case has bounced around the courts for a long time, but most recently a judge ruled that neither Mr. North's gay lifestyle nor his being HIV-positive should be an issue in visitation rights. This victory establishes an important precedent in child-custody and visitation hearings. Rev. Candace Shultis, Pastor of MCC Washington, D.C., testified at the hearing on Mr. North's behalf, countering the testimony of the former Mrs. North and her Baptist supporters.

Mr. North's story was featured on NBC news on Wednesday, February 15, 1995. ▼

UFMCC A Major Sponsor of 12th AIDS Candlelight Memorial

Once again, the Universal Fellowship of Metropolitan Community Churches will be a major sponsor of the annual AIDS Candlelight Memorial and Mobilization. The Memorial, the world's largest annual grassroots AIDS event, will happen this year on Sunday, May 21, 1995.

In 1994, the Candlelight Memorial was observed in 243 cities in 45 nations. The goal for 1995 is to register 300 cities worldwide. Metropolitan Community Churches throughout the world have been central to local planning and observation of this event.

The AIDS Candlelight Memorial and Mobilization is coordinated by Mobilization Against AIDS. Ben Carlson is the Program Director. For further information, write Mr. Carlson at 584-B Castro Street, San Francisco, CA 94114-1465, USA, telephone 415-863-4676, or Fax 415-863-4740. ▼

Long-Term Survivors Have Immune Memory Cells

The immune systems of people who are infected with HIV for nine years or more and who fail to develop full-blown AIDS have unique properties that may confer disease resistance, according to researchers at the University of Pittsburgh Medical Center (UPMC). These findings could be important to the development of therapies that prevent the onset of AIDS in HIV-infected people.

The researchers found that long-term HIV-infected survivors who had not progressed to AIDS had low levels of the HIV virus and had high levels of specialized "memory" killer T-cells that specifically recognize parts of the HIV virus.

"The memory killer T-cells may have a critical role in inhibiting the replication of the HIV virus and in protecting against immunosuppression and disease progression in long-term survivors," said Charles Rinaldo, Ph.D., lead investigator on the study and professor of pathology, UPMC. "We predict that for AIDS vaccines to be effective, they would need to stimulate memory killer T-cells," he added.

The investigators compared seven long-term "non-progressors" with 20 intermediate and advanced "progressors" (those who had lost most of the CD4+ T cells but who had not yet developed full-blown AIDS). Compared with non-progressors, progressors had higher levels of HIV and lower levels of memory killer T cells in their blood. ▼

"Tribal Writes..."

(continued from page 1)

the dominant heterosexist culture cares if we screw each other to death or not?

We must return to our leadership on HIV prevention issues in the queer community. We must make safer sex the only way we are willing to have sex. We must stop transmitting this misery to one another. We must begin to care again about ourselves and our brothers. Or we're all going to be dead. There has never been a group of people, a tribe, that banded together and protected one another like we did early on in the crises of this plague. I am so proud of what we have done and the leadership we gave to the rest of the world. Many of us from the AIDS activist movement have gone on to be firm and knowledgeable participants in HIV/AIDS treatment, care and service delivery. But we have abandoned prevention efforts. Why are we not still talking openly and honestly about sex? Why are we letting this government dictate to us how to run our prevention programs? Is doing it the way government has been telling us to been preventing the spread of this virus among Gay men? If we need to reconvince ourselves that we are worthy of loving one another, then let's get on with the task. Let's do whatever we have to do to stop this death march. But let's stop doing nothing or just more of the same. That's not working. I know we're tired of AIDS. I know we're tired of talking about AIDS. I know we're overwhelmed by the grief of so many of us dying of AIDS. Too bad. AIDS is here. It's here to stay for a long while and it's killing Gay men. Either we stop having unsafe sex with one another or we die. Period.

I'm sitting here raging inside, sick with AIDS and preparing to die a long, suffering, painful, depleted death. How could we continue to pass this misery along to one another? We must rise from the grief and denial and take back our lives. We must fight this disease with every resource available and by any means necessary. Where resources do not exist we must create them and we must demand that governments and communities make resources available in proportion to the need. There is no cure for AIDS. There will be no cure for years and possibly decades to come. The new estimates are now saying that the worldwide figure for AIDS infection could be ONE BILLION by 2005. Is a billion deaths acceptable to you? Is the loss of a quarter of our population something we can survive as a species? When are we going to say enough is enough and demand that we respond to this plague in a way that will save lives instead of take them?

When will you stop having unsafe sex? It all begins with each and every one of you: every Gay man. The world needs to commit to safer sex practices. We have not done the job of making that happen. We are, therefore, complicit in the deaths of thousands and thousands of our brothers. The blood of our brothers is no longer on Reagan, or Bush, or Clinton, or the AIDS czar. It's on us, it's on ourselves. It's on each and every one of us who that have sex without a condom. Having sex without a condom is murder. Have we gone from the right to be ourselves to the right to be murderers? I will not support murder as a civil right. If we have to close every sex club on the planet, if we have to abstain from sexual expression, I just don't care anymore. We have got to stop killing ourselves and we've got to stop letting others kill us. There is no other way to say it, safe sex or no sex is the option. Oh, I'm sorry, there is one other option that far too many have taken already. We can continue to die.

Til next time, unsafe sex is suicide or murder, and my words are just musings and tribal writes. ▼

ALERT Readers Respond To Survey

A survey was sent out to all ALERT subscribers in the November/December issue of ALERT. As of December 21, we had received 194 completed ALERT Reader Surveys, out of a circulation of over 1,600.

Readers were asked to evaluate various aspects of ALERT on a scale of 1-10, where 1 means "absolutely no value whatsoever" and 10 means "extremely valuable."

Question 1 was "How valuable is ALERT to you personally?" The average personal value respondents placed on ALERT was 7.01. Those who gave ALERT a high rating (8, 9, or 10) for personal value represented 47.42% of respondents. Those who gave a low rating (1, 2, or 3) represented 8.25% of respondents.

Question 2 was "How valuable is ALERT as a resource for AIDS ministry in your local church?" Only 159 respondents answered this question. Some respondents who didn't answer this question, as well as some who gave it a low rating, indicated they are not involved in church, or simply don't know what impact ALERT has in their local church.

Of those who responded, the average rating was 6.24. Those who gave a high rating (8, 9, or 10) represented 38.99% of respondents. Those who gave a low rating (1, 2, or 3) represented 18.87% of respondents.

Articles on local AIDS Ministry efforts received an average rating of 7.02. Those who gave a high value (8, 9, or 10) to this kind of article represented 48.68%. Those who gave a low rating (1, 2, or 3) represented 7.4% of respondents. Some who gave a low rating felt these articles were only of interest if you knew the church or personnel involved, and some felt they were "only good for the positive stroke the article gives to that church." Some who gave these articles a high rating were grateful for learning what works in other churches, or the articles were good "for new ideas and strategies."

Articles on treatments and medical issues received an average rating of 7.31, the second highest rating given in any

category. Those who gave a high rating (8, 9, or 10) represented 55.03%. Those who gave a low rating (1, 2, or 3) represented 11.11% of respondents.

Some who gave medical articles a low rating indicated that they felt this information is readily available through many other sources, or that the medical news ALERT has published was old news.

Some who gave it a high rating indicated that ALERT was their only access to medical/treatment information. There were several comments from physicians, as well as persons living with HIV/AIDS, indicating their gratitude for this information, and wishing ALERT carried more medical articles. These people were generally in suburban or rural areas, according to the postmarks.

Articles on public policy issues received an average rating of 7.26. Those who gave a high rating (8, 9, or 10) represented 55.79%. Those who gave a low rating (1, 2, or 3) represented 9.47% of respondents.

Some who gave it a low rating were from outside the U.S. and said the public policy articles were irrelevant to them. Others felt this information was more readily available from other periodicals.

Articles on personal journeys with HIV/AIDS received the highest rating of any category, at 7.63. Those who gave a high rating (8, 9, or 10) represented 61.05% of respondents. Those who gave a low rating (1, 2, or 3) represented 6.31%.

Most respondents who commented appreciated the inspiration and hope these articles have conveyed. One respondent felt these articles were "too long and self-indulgent."

Announcements of conferences and resources received an average rating of 6.97. Those who gave a high rating (8, 9, or 10) represented 50.26%. Those who gave a low rating (1, 2, or 3) represented 9.84% of respondents.

Book reviews received an average rating of 6.45. Those who gave a high rating (8, 9, or 10) represented 36.31%. Those

(see ALERT Survey, page 4)

"On The Medical Front..."

(continued from page 1)

anticipating that antivirals like AZT in combination with protease inhibitors will be even more effective in interrupting HIV replication.

In the *L.A. Times* article, Dr. William Paul, director of the office of AIDS research at the National Institutes of Health is quoted as being "very excited and hopeful" about an upcoming trial combining AZT, 3TC and one of the protease inhibitors, which may hold "the key to our future planning."

"...while research seemed to be at a standstill for a while, there is now good reason to have hope regarding treatment of HIV and AIDS."

While the *L.A. Times* article quotes some researchers who disagree with this new-found optimism, it seems clear nonetheless that while research seemed to be at a standstill for a while, there is now good reason to have hope regarding treatment of HIV and AIDS.

From my perspective, as someone who was diagnosed in the early years of the pandemic, progress has indeed been

made. When I was diagnosed, the doctors told me there was absolutely nothing that could be done to help me. Today, there are all kinds of antiviral treatments to consider, and medications to prevent major opportunistic infections which killed people quickly in the early years of the epidemic.

It is not at all unusual today to meet people who have lived with AIDS and HIV for many years. People are surviving Kaposi's Sarcoma much longer than they were ten years ago. They've learned a lot about treating it. I've talked to people who had their first attack of pneumocystis many years ago, and have been "relatively" well since then. They have learned how to prevent and treat pneumocystis. And many of us can talk about the numbers of people we know personally who have been HIV-positive for years.

So there is hope. Progress is being made. What seemed like a concrete wall to some pessimists after Yokohama, has turned out to be plasterboard and the scientists have begun to break through.

When I was first diagnosed, the whole point seemed to be to stay alive long enough for them to find some sort of answer. The same is true today. We're not yet there. We don't have the cure. There is no magic bullet. But there are ways coming which may make it easier to manage, easier to stay healthy, easier to stay alive with HIV and AIDS. ▼

What Gets Me Through

By Rev. Don Magill, Tacoma, Washington

Volunteering in the HIV/AIDS community since 1982, pastoring for ten years, surviving the death of my spouse, and living with AIDS myself, I had never really come to ask myself the question, "so what gets me through?" until I read the article in the November/December 1994 issue of ALERT. Thank you, Ravi, for asking the question.

My first response is that love gets me through. Love is a very powerful emotion; a force of healing. I thank God for the love that I shared with Carl for nine years; and now, for the love that I share with Dale. Their love has gotten me through some very difficult times. By lying in their arms I have been renewed, energized, healed, comforted, and empowered.

The unconditional love of my mother also gets me through. After Carl died my mom was my strength. Her love and faith sustained me. Today, I know it's difficult for her to see me ill. It's difficult for her to know that I might die before she does. Regardless, she continues to love; she continues to give me strength simply through her presence and love for me.

My little dog Ronnie also gets me through. No matter what kind of mood I'm in, he is always loving and affectionate. He's my companion while my partner Dale is at work. He's my buddy. He lays by my side when I am ill and when I am well.

My garden gets me through. Being in the sunshine in my yard relieves stress. Gardening renews my soul and empow-

ers me. I love to work my hands in the soil. It brings me back to creation. It keeps me grounded. I love to sit and watch the birds eat seed from the feeder. Focusing on life instead of disease and death gets me through. Enjoying God's creation gets me through.

Over the years of living with AIDS I have gotten better at being true to my feelings and getting in touch with my needs. I no longer stifle my emotions. What gets me through is being real, honest, and human. I have also learned that my body does not lie to me. When I am not dealing in healthy ways with my emotions and with stress, my body tells me so. I get headaches, body aches, shingles, cysts, and new opportunistic infections. Today, I take better care of myself. I see my doctor regularly. I say "no" when I feel the need to. This gets me through. I also have learned to express my needs and allow others to care for me. The past six months my energy and health has deteriorated. I have had to ask for help.

I only have so much energy each day. It became difficult to perform the daily task of living. I needed help. I expressed this need to my case manager who arranged for a house keeper once a week. This gets me through. I also expressed this need to several friends. They now prepare an entire meal for me twice a month and bring it to my home. Now I can spend my energy on ministry, on gardening, and on things that feed and nurture me. This gets me through.

Support people and "safe places" also get me through. Once a month, three

different people come to my home and spend one or two hours listening to me and talking with me about whatever is on my mind. This gets me through. I have no roles to play with them. I am simply Don, a gay man living with AIDS.

Activism and a sense of belonging get me through. Even though I can no longer pastor, I still need to be engaged in life. I still need to know that my gifts are needed. The Pierce County AIDS Foundation offers me an opportunity to be useful, and belong to a community. They help get me through. The church also gets me through. By appointing me as the Northwest District AIDS Representative and now as pastor of HIV Programming at New Heart MCC, I am still able to remain an active clergy. I am still able to share my gifts with others in spite of my AIDS diagnosis. This gets me through.

Most importantly, God's grace gets me through. After my spouse Carl died it was the grace of God which sustained me. It was God who gave me strength and carried me through that difficult time. During lonely times it is God who is my faithful companion. "Even though I walk through the valley of the shadow of death, I have nothing to fear, for God is with me..." Psalm 23:4a. Worship and ritual also gets me through. I firmly believe that because I feed on the Bread of Life each week during communion, I survive. I am renewed. Through God's grace I am a long term survivor of AIDS. Lastly, prayer gets me through. My prayers for myself and your prayers for me get me through. ▼

ALERT Survey

(continued from page 3)

who gave a low rating (1, 2, or 3) represented 13.15% of respondents.

The survey revealed that an average of 5.76 people read each copy of ALERT. Some readers indicate that they pass it around to as many of their concerned friends as possible. Others noted that ALERT is posted on the church bulletin board, or available through the local library, and there is no way of estimating how many look at it.

Question 5 asked if ALERT should be kept as a separate newsletter as it is now, or incorporated into the UFMCC monthly newsletter, *Keeping in Touch*. Of those who responded, 106 persons, or 54.9% of respondents, voted to keep ALERT a separate newsletter. Seventy-seven respondents, or 39.9%, voted to incorporate ALERT into *Keeping in Touch*. Ten, or 5.2% of respondents, abstained from this question.

Some who voted to incorporate ALERT into *Keeping in Touch* wrote that they felt this would save postage. Others suggested keeping them as separate newsletters, but mailing

them together. This would present something of a problem, since there are a number of ALERT subscribers who are not on the *Keeping in Touch* mailing list, and vice versa.

Some who voted to keep the two separate worried that HIV/AIDS issues would "get lost" if incorporated into *Keeping in Touch* or "would not be given adequate attention."

Thirty-one of the respondents identified themselves as persons living with HIV or AIDS. Ninety people identified themselves as caregivers to a person or persons with HIV/AIDS, and 137 stated they were HIV/AIDS activists.

One hundred forty respondents identify their affiliation with MCC; thirty-two identify their affiliation with another religious community; and fourteen said they have no religious affiliation.

The UFMCC AIDS Ministry Long-Range Planning Task Force went over these survey results at their January meeting in Los Angeles, and discussed possible options for changing ALERT's publication schedule, among other matters. ▼



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

January 1995

Rev. Elder Troy Perry At The United Nations For World AIDS Day

Rev. Elder Troy Perry, Founder and Moderator of the Universal Fellowship of Metropolitan Community Churches, joined other heads of communion at the AIDS National Interfaith Network's Commemoration of World AIDS Day at the United Nations. The heads of communion gathered with ANIN board members, members of the Council of U.S. National Religious AIDS Networks, and many other representatives of a broad variety of religions, in signing The Council Call to Commitment, published in the October edition of ALERT. The signing took place in a solemn ceremony at the Dag Hammarskjöld auditorium in the United Nations.

At 1:40 p.m., Rev. Elder Perry led the gathering in bell ringing, commemorating the 14 years of HIV/AIDS among us. With each of the 14 rings, Perry led the assembled crowd in repeating the major points of the Council Call. The bell was rung by two persons living with HIV/AIDS.

Also representing UFMCC AIDS Ministry at the United Nations ceremony were Rev. Herbert Evans and Rev. Steve Pieters, both of whom serve on the ANIN Board of Directors. Rev's. Evans and Pieters, carrying the ANIN banner, led the procession from the Church Center to the plaza where the bell ringing ceremony took place.



Rev. Steve Pieters, Rev. Steve Taylor, Rev. Herbert Evans, Rev. Elder Troy Perry in front of the United Nations.

Rev. Steve Taylor, Interim Pastor of MCC Washington D.C., was the master of ceremonies for the day.

In addition to Rev. Elder Perry, other religious leaders present included The Most Rev. Edmond L. Browning, Pre-
(continued on page 3)

National Skills Building Conference Report



Rev. Steve Pieters introduces Coretta Scott King

Coretta Scott King delivered a powerful keynote address to the 1994 U.S. National Skills Building Conference in Atlanta, Georgia. Over 1,900 people attended the conference from all over North America and western Europe. Co-sponsored and organized by the AIDS National Interfaith Network, the National Association of People with AIDS and the National Minority AIDS Council, this annual conference provides AIDS workers with four days of seminars, workshops, and plenary speeches to increase skills in all areas of HIV/AIDS work.

Several representatives of UFMCC participated in the conference. Rev. Elder Don Eastman, former chair of the Board of AIDS National Interfaith Network, Rev. Herbert Evans and Rev. Steve Pieters, both members of the ANIN Board, Rev. Chip Carson, Larry Young and Ron Jacobs were among those present from MCC's around the U.S.

One of the highlights for MCC members was hearing Rev. Dr. Randall Bailey, one of the pastors of Ebenezer Baptist
(continued on page 2)

Their Light Is Our Beacon

A message of hope for hopeless times
(By Rev. Herbert Evans)

[Rev. Herbert E. Evans is the Member Services Coordinator for We the People Living with HIV/AIDS of the Delaware Valley, Inc., Philadelphia, PA.]

By God's grace, and our own efforts, we have lived through another holiday season. Things have remained eerily the same. It is still an all too commercial time, with most of the emphasis upon the marketing and peddling of goods. We have hustled and bustled about, attempting to give; hoping to receive. For those of us who live in the Northeastern United States, the air has been cold and biting, some of us experiencing its ravages from homeless disadvantage points. For those stuck on the outside, the prayer was that Christmas wouldn't be too white.

For those more fortunate, the warmth of the hearth, the family present, albeit a nuclear family not always of the "mom 'n' pop" kind, undergirded and nurtured us through another Christmas, and the facing of another year's end, assessing what happened, and longing for a brighter tomorrow in the New Year. The shift in the politics of our nation, that we who are too poor or uninformed to relate to, will seize us by our lack, as the tightening of federal purse strings makes life harsher.

Our abilities to have hope in the midst of our disabilities have been sorely put to the test. Where is that hope? And how can we keep on going? I would submit to you, to myself, to us, that "THEIR LIGHT IS OUR BEACON." Who is the "Their?" Those who have gone on before us. There is a rich, deeply spiritual, and ethnically appropriate legacy for each of us who are "alive and kicking."

Regardless of who we are, from gender to color to ability or

disability, there are heroes out there who have paved the way. Some are known, others not known. But people have sacrificed, believed and dreamed, so that we might simply "be." Whatever your religious heritage might be, or even if you do not have a faith tradition, people have lived, and have learned how to live rightly, facing whatever calamities or challenges were present for that particular moment in time.

It may do us well to remember our heroes, and revisit their strengths and focus on their power that sustained them "in spite of." The times have never spoken more loudly for us "to come into our own." From whatever vantage point we come from, in order to make it, we need to be sane and whole, intentionally moving towards something in life that will keep us, as we face our lives one day at a time. We must look to the hills of history, from whence comes our help, and know that our ultimate help comes from the essence of the great "I AM." As we begin this new year, may it be a time of cleansing, inventory, and resolve to make great gains in 1995. There is help, and there is hope. Never lose hope! No matter what.

In the Christmas season just past, the cradle was full of hope when the star shined ever so brightly. Others saw this ray of hope and seized it and ran on to see what the end was going to be. May you and I, we and us, grab hold of "THEIR LIGHT," which IS our hope. May we embrace the times, which are calling for healthy, whole, sane and responsible people to take control of their lives and their destinies. The hope of the new year is that we will be in that number of the counted, who cared, lived, loved, and became community. May every conceivable blessing be yours as you seek renewal in this new year. "THEIR LIGHT IS OUR BEACON!" ▼

National Skills Building...

(continued from page 1)

Church in Atlanta, who preached at the AIDS Interfaith Service. In his sermon, he featured UFMCC's challenge to the National Council of Churches, and related his memory of attending MCC San Francisco with other members of the NCC. He told the congregation in Atlanta why the NCC is so threatened by UFMCC: "Because UFMCC is doing it right!"

Rev. Pieters presented a workshop on how to do a "Spiritual Strength for Survival" support group. The workshop was packed, with people standing and sitting on the floor by the walls. Those who attended gave much praise to the presentation. Rev. Elder Eastman reflected, "The enthusiastic response to this workshop by so many service groups really confirms the excellence of this program for local church HIV/AIDS Ministry. I hope that all of our UFMCC congregations and districts will take advantage of this valuable resource."

UFMCC AIDS Ministry resources were made available at the conference resource fair. Rev. Pieters reports, "We brought over 400 of each of our pamphlets, and they were all snapped up before half the conference was over. We also sold out the "Spiritual Strength for Survival" manuals and the "Christian Caring" manuals. Hundreds of order forms were taken as well. People from many different backgrounds returned after reading our pamphlets and manuals, wanting more copies."

Rev. Pieters was honored to introduce Coretta Scott King when she spoke at the final plenary luncheon. "Mrs. King was extremely gracious and inspiring," Pieters says. "She gave a powerful speech, demanding justice for lesbians and gay men, and urgently calling for compassion for all persons living with HIV/AIDS."

Rev. Evans introduced Ron Nyswaner, the award-winning screenwriter of the film "Philadelphia," when he spoke at the ANIN banquet. Mr. Nyswaner re-

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U.S. Surgeon General Worships at MCC-DC

In one of her last official appearances as U.S. Surgeon General, Joycelyn Elders, her husband, and six of her staff worshiped at MCC Washington D.C. on Sunday, December 4 for World AIDS Sunday. Urging MCC Washington to keep up the fight against HIV/AIDS, Dr. Elders received a standing ovation both before and after she spoke. The following Friday, she was fired as Surgeon General, due to remarks she made at a World AIDS Day event on December 1 in New York City. She had suggested that "perhaps" masturbation should be included in education programs about safe sex for youths.

Rev. Steve Taylor, Interim Pastor of MCC Washington, noted that he had invited her to worship (and she had accepted) long before the controversy over her remarks on World AIDS Day. One of her staff, James Bemberg, is a deacon candidate at MCC Washington, D.C. ▼

United Nations - World AIDS Day

siding Bishop of the Episcopal Church in the U.S., Bishop Herbert W. Chilstrom, Presiding Bishop of the Evangelical Lutheran Church in America, Rabbi Deborah A. Hirsch, the Finance Secretary of the Central Conference of American Rabbis, Rev. John Buehrens, President of the Unitarian Universalist Association, Imam Talib Adbur-Rashid of the Islamic Community, Ms. Yael Shman, Director of the Reconstructionist Rabbinical Association, Rev. Deacon Philemon Sevastiades, of the Greek Orthodox Archdiocese of North and South America, the Most Rev. Joseph A. Francis, S.V.D., of the National Conference of Catholic Bishops/United States Catholic Conference, and the Rev. Dr. Richard Hamm, General Minister and President of the Disciples of Christ.



Rev.'s. Steve Pieters, Herbert Evans, Troy Perry, Ken South, and Steve Taylor lead the Interfaith procession in front of the United Nations.

New Appointments For MCC Leaders

Rev. Joseph Gilbert, pastor of MCC For All the Saints, in Los Angeles, CA, has been elected Chair of the Spiritual Advisory Committee of AIDS Project Los Angeles. The Spiritual Advisory Committee is comprised of volunteer clergy and laity from a wide variety of religious traditions. In addition to offering pastoral care and counseling to clients of AIDS Project Los Angeles, the Spiritual Advisory Committee conducts in-service training for staff and educational opportunities for faith communities and their leadership, as well as volunteers and clients of APLA.

Rev. Ralph Lasher of MCC of the Resurrection in Houston, Texas, has been named Program and Development Director of the Kolbe Project. The Kolbe Project is "a ministry of unconditional love to men and women who have become alienated from the practice of their faith or have never known God's love... to persons who are disenfranchised by society, to gays and lesbians and other sexual minorities; the lonely, hurting... and to those who are terminally ill. It is modeled after the ministry of St. Francis of Assisi." Of the 3,000 clients served, over 2,000 have been non-Catholics. Rev. Lasher was formerly Executive Director of the Montrose Clinic in Houston.



Rev. Elder Troy Perry signs The Council Call; also pictured: Rev. Steve Taylor, Sr. Anne Dougherty, Rev. John Buehrens, Bishop Sherman Hicks.

Members of the Board of Directors of the AIDS National Interfaith Network, as well as many members of the Council of National Religious AIDS Networks were also witnesses to this historic event. Rev. Dr. James Forbes, the Senior Minister at Riverside Church in New York, gave the keynote luncheon address, speaking about "compassion fatigue." He followed two persons living with AIDS who spoke about their personal experiences of benefiting from AIDS ministries.

Five years ago, many of these same leaders met under ANIN's sponsorship at the Carter Presidential Center of Emory University in Atlanta, GA, to forge a common mission statement for the religious response to AIDS. The Atlanta Declaration was signed and formed a basis for much of the compassionate response within the AIDS community since December of 1989. ▼



Rev. Elder Troy Perry leads the Ceremony of the Bells, World AIDS Day 1994.

Mr. Kelly Byrnes, Pastoral Leader of MCC Bridgerland in Logan, Utah, has been appointed to serve on the Utah Department of Health's HIV Prevention Community Planning Committee. This is a participatory process for developing a comprehensive HIV prevention plan with other governmental agencies, non-governmental agencies, and representatives of communities and groups at risk for HIV infection or already infected. ▼

Ontario Cabinet Minister Addresses MCC Toronto

Ontario Consumer and Commercial Relations Minister Marilyn Churley received a warm welcome on Sunday, December 4, as she addressed the Metropolitan Community Church of Toronto, where over 15% of the congregation is HIV-positive.

Ms. Churley spoke at the 11:00 a.m. service of MCC Toronto on behalf of Health Minister Ruth Grier, to announce the government's plans to extend the Ontario drug benefit plan for people facing catastrophic diseases.

Ontario premier Bob Rae has announced that the province will implement a catastrophic drug plan to serve as a "safety net" for the working poor who have exhausted their work drug benefits or who have no coverage at all. For many people living with catastrophic diseases, the announcement means they won't be forced onto welfare to become eligible for assistance. AIDS activists are calling it a major political victory in a time when victories are few.

At a recent convention of the province's ruling New Democratic Party (NDP) AIDS activists had threatened to burn the Premier in effigy during AIDS awareness week unless he followed through on political promises made when his party was seeking office in 1990. Spokespersons for AIDS Action Now are calling the announcement the best news they've heard yet and the result of direct pressure from persons living with HIV/AIDS within the social-democratic political party. The NDP has an active Lesbian and Gay caucus which is elected at the party's full convention.

At the December 4 service of MCC Toronto, Ms. Churley received a standing ovation as she announced the government's plan to initiate public consultation on details of the program which is to come into effect in April, 1995. The consultation will include discussions on eligibility and on which drugs will be included.

She could not have chosen a more appropriate location, according to MCC Toronto's senior pastor, the Rev. Brent Hawkes.

"We are the church with HIV/AIDS," Rev. Hawkes said,

referring to the present 100-person case-load of the church's aidsCARE program which offers a wide range of services to people living with HIV/AIDS. The program was founded as a result of a bequest from a former CBC reporter who died of AIDS several years ago.

"Too many people living with AIDS have seen their life savings devastated by the high cost of prescription drugs," Rev. Hawkes said. "And as we mark International AIDS Awareness Week, the Ontario government's announcement will offer true compassion, hope and the potential for an improved standard of living for the thousands of Ontarians living with HIV/AIDS. Our congregation wants to thank the Ontario government."

The government is expected to set aside between \$60- and \$80 million annually for the drug plan which will include a deductible amount based on income. The four AIDS drugs now covered by the plan will continue to be covered (AZT, aerosolized pentamidine, ddI and ddC.) Other drugs may be added following the consultation.

A spokesperson for the provincial Health Ministry said there are situations where people are going on social assistance to get drug coverage. "No one should be faced with the choice between eating and buying drugs," she said.

Rev. Hawkes of MCC Toronto has been calling for government action for four years. He broke into tears as he welcomed and hugged the Minister at the pulpit. Lesbians and gays in Canada, it seems, know who their friends are.

MCC Toronto is located in the heart of Ms. Churley's Riverdale district. The Minister, accompanied by Canada's first elected provincial legislator who is fully hearing impaired, were warmly welcomed by the congregation, in part because of their strong support for Bill 167-Ontario's spousal rights bill. The bill was defeated because the ruling party allowed a free vote and failed to win over rural and older members. The Honourable Marilyn Churley lives only three blocks from the church and has attended often. She holds many of her political functions in the church social hall. ▼

World AIDS Day In New Zealand

Rev. Elder Wilhelmina Hein reports from New Zealand that "the Mayor of Christchurch arrived in Cathedral Square to speak at the World AIDS Day ceremonies on the motorbikes of the South Island gay bike club! We (MCC) were there to help raise money and spread the Good News about God in the midst of AIDS." She reports that they raised over \$3,000 during the World AIDS Day event.

"The Anglican Cathedral tolled their bells for the 362 New Zealanders that have died and there was much consciousness raising from public personalities throughout the Canterbury Province. There was lots of regional and national coverage of events throughout New Zealand.

"Yet, at the end of the day, and in talking to others involved, I have a very strong feeling the next battle around

AIDS are still the major theological issues. People here are dealing with the care and illness issues, there is government funding and lots of public profile, but theologically we still need to do so much." Rev. Elder Hein will meet with Rev. Steve Pieters, Field Director of UFMCC AIDS Ministry, to discuss possible approaches to the problem when she visits Los Angeles in January.

Rev. Elder Hein reports that the New Zealand government is increasing funding for HIV education, prevention and care issues by 10-15% in 1995. There have been less than 400 deaths in New Zealand due to HIV/AIDS, and the current caseload in the whole province surrounding Christchurch is less than 40. She believes this is a tribute to the well-funded education and prevention campaigns in New Zealand. ▼

National Skills Building...

(continued from page 2)

lated his spiritual journey as a gay man, and shared many funny stories about the Academy Awards and his experiences in Hollywood.

After the Conference, Rev. Evans said, "It was the most professionally run conference I ever attended. The selection of workshops that I attended were extremely valuable to me both as a clergy person and as a professional working in the field of HIV/AIDS. I highly recommend the conference for future participants." ▼

ALERT

ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research and Treatment. The Editor is Rev. Dr. A. Stephen Pieters. For more information, please write: ALERT, 5300 Santa Monica Blvd., #304, Los Angeles, CA 90029.



ALERT

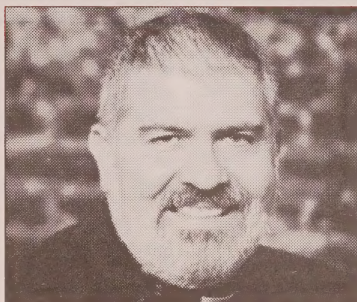
News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

December 1995

Rev. Troy Perry to Attend White House Conference on HIV/AIDS

Rev. Elder Troy Perry, Founder and Moderator of UFMCC, has been invited to attend the first ever White House Conference on HIV/AIDS, on December 6, 1995.

In the letter of invitation, President Clinton wrote to Rev. Perry, "The White House Conference on HIV and AIDS will give our nation an opportunity to examine and consider the impact of HIV and AIDS on our people, our institutions, our communities and our society as a whole. Together we can build on our work over the past three years to address this critical problem. Through this conference, I believe we can raise public awareness about HIV and AIDS and strengthen our national response. Because of your leadership on this critical issue, I would like you to participate



Rev. Elder Troy D. Perry

in this very special meeting."

Approximately 200 people will be attending the day-long conference, which has been organized by the President's

HIV/AIDS Council. Dr. Scott Hitt, chair of the President's Council, told *Update*, Southern California's gay and lesbian weekly newspaper, "No one should expect too much out of this. The intent is to make the country aware and develop information for the President. It will also show the country the extent of the commitment made by the Clinton Administration."

After the President receives reports from break-out meetings at the conference, the Council intends to recommend that the administration focus efforts on finding a cure. It is anticipated that a WEB page address will be established so that people online can give input to the Conference. ▼

UFMCC AIDS Ministry Is On The Internet!

Selected UFMCC AIDS Ministry resources are now available on the Internet, as well as a bi-weekly column from the Rev. Steve Pieters. Three pamphlets, "HIV/AIDS: Is It God's Judgement?", "Spiritual Strength for Survival" and "Choose Life" can be accessed at *The Body*, Body Health Resources Corporation's WEB site. In addition, Rev. Steve Pieters, Field Director of UFMCC AIDS Ministry, will be a regular columnist for *The Body*.

The Body is cyberspace's first one-stop shop for reaching AIDS experts, organizations, and publications nationwide. "We want to do more than inform -- we want to create a global community for people concerned with AIDS," said Jamie Marks, founder of *The Body*. *The Body* is the first place online where anyone concerned with AIDS will look for resources dealing with its medical, cultural, legal, and political aspects. "There are some AIDS resources online, but they're fragmented, and you really have to know where to look. *The Body* has everything in one place," Marks said.

(see "The Internet", page 3)

World AIDS Day: "Shared Rights, Shared Responsibilities"

The World Health Organization set the 1995 theme for World AIDS Day, December 1, 1995, as "Shared Rights, Shared Responsibilities," to highlight the importance of equality and solidarity in the global response to HIV/AIDS. Metropolitan Community Churches around the world have held special observances on this theme.

Shared Rights -- Every person has the right to be able to avoid infection, the right to health care if sick with AIDS, and the right to be treated with dignity and without discrimination. Regardless of HIV status, shared rights also include the right to liberty, to freedom of movement, to employment, to marry and found a family, and to seek asylum.

Shared Responsibilities -- Individuals have a responsibility to protect themselves and others from infection. Families and communities have a responsibility to educate their members on AIDS prevention and to care for those affected by HIV. Governments, fulfilling their duty to protect public health, have a responsibility to implement appropriate HIV preven-

(see "World AIDS Day:...", page 2)

World AIDS Day:...

(continued from page 1)

tion policies and to ensure that all their citizens have equal access to available care services. The international community has a responsibility to ensure effective global cooperation on HIV/AIDS, and to support poorer countries in meeting the challenge.

There is no conflict between individual rights and public health in the context of HIV/AIDS. In fact, the protection of human rights promotes public health, because discriminatory and coercive measures discourage people from coming forward for information and treatment.

Metropolitan Community Churches around the world have participated in this annual observance: to remember those who have been lost to the disease, to raise public awareness of ongoing needs for care of those who are ill, and to educate persons in responsibility and prevention. A phone and e-mail poll, conducted before World AIDS Day, sought to discover the answer to "What are you doing for World AIDS Day?"

--"We're holding an ecumenical vigil — trying to draw people both from the Kansas State campus and the community ministerial alliance. We will light candles and remember the names of local people who have died." --Rev. Denise Leopold, MCC of the Open Arms, Manhattan, KS.

--"MCC Liverpool will have its first worship service on World AIDS Day, and we have secured money from the World AIDS Day Trust here in England to advertise ourselves in the press. Please pray for this new group as it starts to show God's love and care in the middle of this pandemic." --Rev. Andy Braunston, MCC Liverpool, United Kingdom.

--"MCC Washington DC's Deacons are planning a special observance on Sunday, October 1, with panels from the Names Project displayed in the sanctuary and testimonies from members who are living with HIV/AIDS. Also, we will be

participating in an Interfaith Service of Remembrance and Hope, on November 30 here in DC. I believe that we will be a co-sponsor, along with many other national and local organizations, of the service, that our Gospel Choir will be singing, and that I will be participating in some way in the service." --Rev. Candace Shultis, MCC Washington, DC.

--"We're holding an AIDS Candlelight Vigil in a park up-town, and then marching through downtown Charlotte — to remember and to challenge others to act. Then on AIDS Sunday, a Roman Catholic priest who runs many retreats for HIV/AIDS will be our special speaker. We will also introduce an AIDS candle - a large, imposing candle - to be lit during the prayers each Sunday." --Rev. Randy Votsch, MCC Charlotte, NC.

--"From what I hear, CNN will broadcast from Dallas that day. We certainly hope to have them here. We are having a worship service at 12 noon. Positive Voices, our HIV+ Choir, will premier several selections from their CD (no name as of this writing)." --Rev. Susan Heiskell, Cathedral of Hope MCC, Dallas, TX.

--"In the past, MCC has organized vigils and memorials; now other community organizations are taking the lead. The church's new focus is intimate personal care as we start having persons with AIDS/HIV within the church, rather than education and memorials for the larger community. We will have a special service for our family and friends, focusing on our Memorial Wall - which includes any losses, not only AIDS - and offer prayer and anointing." --Rev. Glna Hartung, MCC Shepherd of the Plains, Great Falls, MT.

--"Having a meeting of local AIDS activists, to strategize how to get the government to keep finding AIDS work. Also a candlelight vigil at the church." --Rev. Bonnie Long, MCC Paducah, KY.

--"I will be participating in an ecumenical memorial service with Methodists, Episcopal, Catholic, and possibly Baptist clergy. And for the first time, we will be holding a service for students and faculty with the campus ministers at Appalachian State." --Cindy Long, MCC of the High Country, Boone, NC.

--"I will be the guest of River City MCC and the AIDS Interfaith Association in Sacramento, CA. In addition to preaching at MCC, I will be keynoting the Candlelight Vigil on the steps of the state capitol, and addressing the clergy association of greater Sacramento." --Rev. Steve Pieters, Field Director of UFMCC AIDS Ministry. ▼

Pieters Returns Refreshed From Leave of Absence

Rev. Steve Pieters, Field Director of UFMCC AIDS Ministry, has returned from his leave of absence. "This break was a real blessing, and a deeply appreciated gift from the UFMCC Administration. I feel great!"

Pieters, a 13-year survivor of HIV and AIDS, climbed 5 mountains in New Hampshire, and hiked daily through the woods around his family's summer home. "Now I'm ready to get back to work, and tackle the challenges of UFMCC AIDS Ministry."

In his absence, Rev. Mark Lee, pastor of MCC Family in Christ in Ft. Collins, CO, kept monthly tabs on UFMCC Leadership living with HIV/AIDS, as well as wrote up HIV/AIDS information for Keeping in Touch and ALERT. Mr. Roi Hudson-Anaya kept on top of Pieters' mail and phone messages. Alison Arngrim, Bob Schoonover, and Wendy Arnold fielded questions and concerns regarding the Peer Education Program (PEP/MCC). "I'm very grateful to all the people who covered for me," Pieters stated.

Rev. Pieters, who is one of the longest surviving persons with AIDS in the world, is available for preaching and teaching in local churches, districts, and conferences. Rev. Pieters' office is in the global headquarters of the Universal Fellowship of Metropolitan Community Churches, phone (213) 464-5100, ext. 227. His office hours are 9 a.m. - 11 a.m., and 1:30 p.m. - 5 p.m., Monday through Friday. ▼

ALERT is a Quarterly Publication

Readers are reminded that ALERT has become a quarterly newsletter, appearing in January, April, July, and October. During other months, there is a column on "HIV/AIDS Concerns" published in the UFMCC publication, "Keeping in Touch."

The ALERT newsletter contains information on AIDS Legislation, Education, Research and Treatment. The Editor is Rev. Dr. A. Stephen Pieters.

For more information or to send a donation, please write: ALERT, 5300 Santa Monica Blvd., #304, Los Angeles, CA 90029.

UFMCC Presence At U.S. National Skills Building Conference

A number of UFMCC members attended and taught at the annual U.S. National Skills Building Conference, held this year at the Century Plaza Hotel in Los Angeles, October 19-22, 1995. This conference is now the largest AIDS conference in the country, attracting over 2,000 delegates from across the nation, as well as a number of representatives from other countries. The conference is co-sponsored by the AIDS National Interfaith Network, the National Minority AIDS Council and the National Association of People with AIDS.

Rev. Herbert Evans, UFMCC Transfer Clergy, was featured as a presenter/facilitator this year. As UFMCC's representative to the AIDS National Interfaith Network (ANIN) Board of Directors, he also served as faculty at the conference. He moderated the ANIN Institute, "AIDS Ministry: Sharing Models, Supporting Lives." He also co-facilitated a workshop entitled "Prevention AIDS Ministry: Care Is Not Enough!", in which he taught about the Peer Education Program (PEP/MCC) in the absence of the Rev. Steve Pieters, who was on leave of absence. That presentation featured the PEP/MCC video as well as the use of UFMCC pamphlets that deal with homosexuality and the Bible. He also convened a workshop entitled "The Clergy and HIV: Personal and Professional Approaches," where he discussed life in the professional clergy as a person living with AIDS.

Alison Arnglim and Bob Schoonover taught the workshop, "How to do a Spiritual Strength for Survival Support Group", based on the manual and pamphlet, both published by UFMCC AIDS Ministry. The workshop was very well-attended, and included several people from around the U.S. who testified to the success of their Spiritual Strength for Survival Support Groups. These groups are now being



Rev. Herbert Evans

sponsored not only by many MCC's, but by a number of churches and agencies outside the UFMCC.

Arnglim and Schoonover were also available throughout the conference to serve as consultants for PEP/MCC.

Mr. Ron Jacobs, of MCC Dayton Parish, Dayton, OH, was an enthusiastic participant in the conference, saying, "This collaborative effort by NMAC, NAPWA and ANIN provides the optimum learning experience, vital to the survival of any HIV/AIDS ministry, community based organization, or persons living with AIDS." ▼

The Internet

(continued from page 1)

The Body will contain four interactive sections:

-Forums will provide easy-to-use access to the Internet's best forums on HIV/AIDS on Usenet. Usage of *The Body's* forums also affords greater confidentiality than most online venues.

-Insight will give medical, legal, and mental health professionals working with HIV/AIDS a chance to comment on their areas of expertise. Contributors include Joel E. Gallant, MD, of the Johns Hopkins School of Medicine, Catherine Hanssens, Esq., AIDS Project Director at Lambda Legal Defense and Education Fund, and Rev. Steve Pieters of UFMCC AIDS Ministry.

-Political Action will provide a forum to help organize constituencies seeking a political voice. The section will host groups involved in federal, state, or local political advocacy.

-Organizations to Join will let users read about, join, or contribute to the organizations whose information is carried by *The Body*.

UFMCC AIDS Ministry joins a number of other content providers for *The Body*, including the AIDS Action Council, the American Foundation for AIDS Research, the Gay Men's Health Crisis, Johns Hopkins University AIDS Service, Lambda Legal Defense and Education Fund, and Treatment Action Group.

Body Health Resources Corporation's e-mail address is: info@thebody.com. The URL for The Body's WEB site is: <http://www.thebody.com>. ▼

AIDS, Medicine & Miracles

AIDS, Medicine & Miracles 8th Annual Conference, "What Holds Promise", was held November 9-12, 1995 in Houston, Texas. Featured speakers included Lark Lands, PhD., on nutrition, Gregg Cassin on Opening the Heart, and Charles Steinberg, MD, on Complementary Therapies and Holistic Approaches. AIDS, Medicine & Miracles is a national non-profit organization coordinating holistic retreats for all of us living and working with HIV/AIDS. With a strong emphasis on caring for the whole person, they provide treatment updates covering alternative and complementary therapies, as well as creative experiences designed to touch the heart and soul. For more information, call 800/875-8770. ▼

**The UFMCC AIDS Ministry
wishes you a joyous
and peace filled
Holiday Season!**

[Thank you for your support.]

CMV: Oral Ganciclovir For Prevention

[The following three announcements are reprinted with permission from AIDS Treatment News, Issue #234, Nov. 3, 1995, published twice monthly by John S. James, P.O. Box 411256, San Francisco, CA 94141, 415/255-0588; Internet: aidsnews@aidsnews.org]

On October 31, Hoffmann-La Roche announced that it had received FDA approval to market oral ganciclovir (Cytovene[TM]) for prevention of CMV disease in persons with advanced HIV infection. Oral ganciclovir had previously been FDA approved, but only for maintenance treatment of CMV retinitis (after the disease had already developed, and been stabilized with intravenous treatment). A Roche Biosciences (formerly Syntex) clinical trial in 725 volunteers with CD4 count less than 100 found a 49% reduction of risk of CMV disease in those randomly assigned to preventive treatment with oral ganciclovir, compared to those who received the placebo. Side effects of the treatment included anemia, neutropenia, and elevated serum creatinine.

Call For Response On PEP/MCC

Is your local church conducting the Peer Education Program (PEP/MCC)? If so, we'd like to hear how it's going, and report on your activities in ALERT. Reports are beginning to come in from all over the world, reflecting widespread enthusiasm from local communities and service agencies.

For example, the Utah State Department of Health gave a \$15,000 grant to MCC Bridgerland, in Logan, UT, USA, to conduct peer education programs using the PEP/MCC format. The group will work among area youth at risk for HIV transmission, including youth in churches, public, private and alternative schools, and incarcerated youth.

The first year goal of the group is to train up to thirty youth aged 13-24 as peer educators. This will entail intensive training sessions using the information and techniques outlined in the PEP/MCC materials, which were delivered to every local Metropolitan Community Church in July, 1995.

Please send your stories, statistics,

CMV: New Screening Program

Hoffmann-La Roche also recently started a CMV Retinitis Screening Program, to teach patients at risk for CMV retinitis to recognize symptoms of the disease between doctor visits, so that they can get rapid treatment. Patients can obtain a kit - including a videotape "Recognizing CMV Retinitis," a brochure, and an Amsler grid, which is used to help diagnose CMV retinitis - by calling the voicemail number 800/624-CHECK. AIDS service organizations can request a physician-led seminar about CMV retinitis and the screening program; call 800/293-7428 or 212/698-1662.

Cryptosporidiosis Information Phone/FAX Line

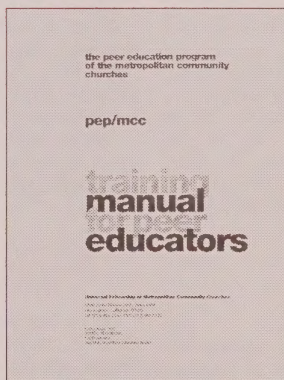
The U.S. Centers for Disease Control has started a phone and fax service for information about cryptosporidiosis. Callers can listen to recorded messages, or receive printed information by fax. The phone number is 404/330-1242. ▼

The Impact Of Homophobia on AIDS

A special report of the U.S. Public Media Center examines *The Impact of Homophobia and Other Social Biases on AIDS*. This report attempts to answer questions such as, "With the world's most advanced public health system, why has there been so little progress in fighting AIDS? Do traditional public health approaches work against highly stigmatized - and politicized - disease? Is our national response to AIDS sound public policy or distorted by hate and fear? Are homophobia and other social biases major risk factors in the spread of HIV? Can AIDS be fought without addressing homophobia?"

The aim of this report is "to stimulate fresh thinking and to encourage new initiatives that move beyond standard public health responses..."

The report is a well-written, challenging document that speaks to anyone confronting HIV/AIDS in the world, or in their lives. To order, call 415/536-3313 or write: AIDS Stigma Report, PMC, 466 Green Street, San Francisco, CA 94133. Please enclose \$5 for postage and handling. ▼



Manual used with PEP/MCC video

and any ideas or adaptations you've made to the program to: Rev. Steve Pieters, UFMCC AIDS Ministry, 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029; phone 213/464-5100; fax 213/464-2123. ▼

ORDER FORM

Fill out and send to UFMCC Resource Center to receive your PEP/MCC Video and Manual (#AM0011) for \$35, add \$4.95 s/h. (CA residents include 8.25% tax).

Quantity _____ Total Due _____

NAME _____

ADDRESS _____

PHONE _____

Payment by: (U.S. Funds Only) ☐ Check ☐ Visa/Mastercard/AMEX

Card Number: _____ Exp date _____

Signature of cardholder: _____



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

April 1996

Positive Voices Issues CD

Positive Voices, a choir made up of persons living with HIV and AIDS, has issued their first CD: "Windows of Hope." The music's primary focus is the theme of "hope, strength, encouragement, and faith."

Positive Voices was founded in August, 1994 by Jackson Myers, as one of the programs of the Music Ministry of the Cathedral of Hope MCC in Dallas, Texas. It got started quite by accident, according to Myers. "Back in the summer of 1994 I approached David McCollough, the Director of Celebration, about putting a group together for a one-time performance of HIV-positive people. Within a few weeks, it became 'let's form a group that will sing on a continual basis.'"

The choir's number one goal is to become obsolete: "AIDS will be cured and we will no longer need to do what we do," says Myers. Their number two goal is to foster hope through their music and their lives as every-one lives with HIV until that time.

Jackson says the message of the choir is, "You don't have to live with the isolation and the depression and the feelings of hopelessness. No one knows what happens with AIDS, but what you do with each day makes a difference in your life and in other people's lives." Asked how it's made a difference in his own life, he answered, "Being around like-minded people really helps. We try to avoid all of the negative thoughts and emotions that we



Positive Voices from Cathedral of Hope MCC, Dallas, Texas

can, as much as possible. We're a support group for each other, in addition to being a musical ensemble. We meet three times a month. We perform four to six times per year. Being the director is a different kind of challenge: we've never had a rehearsal with everyone there. Even at our recording session, everyone wasn't there. So it can get stressful..."

(see Positive Voices, page 2)

UFMCC Co-Sponsors International Memorial May 19

The 13th International AIDS Candlelight Memorial and Mobilization will be observed world wide on Sunday, May 19, 1996. The event, which began in San Francisco in 1983, honors the memory of those who have died of AIDS, demonstrates support for people living with HIV and AIDS, and mobilizes community-based responses to HIV/AIDS. Once again, the memorial is co-sponsored by UFMCC. Many Metropolitan Community Churches continue to be the primary organization responsible for the event in their local community.

(see Memorial, page 4)

Recommended Reading: *Reviving The Tribe* By Eric Rofes

Many leaders of UFMCC are reading and talking about *Reviving the Tribe: Regenerating Gay Men's Sexuality and Culture in the Ongoing Epidemic* by Eric Rofes. This book offers a penetrating analysis of the state of the gay male community after 15 years of living with AIDS. Rofes proposes a number of concrete suggestions for the survival of the community in the face of the devastating effects of AIDS.

Reviving the Tribe is available through UFMCC Resource Center, 5300 Santa Monica Blvd. #304, Los Angeles, CA 90029 USA; phone 213/464-5100; fax 213/464-2123.

(see Reviving The Tribe, page 4)

News From The U.S. AIDS National Interfaith Network

Rev. Ken South, Executive Director of the U.S. AIDS National Interfaith Network (ANIN), recent spoke with ALERT about current HIV/AIDS legislative issues in the U.S. Capitol.

1) HIV in the military. ANIN distributed throughout the United States a "sign-on letter" calling for the repeal of the law which orders the discharge of HIV-positive military personnel. Rev. South reports that the letter has had a good response: so far, there are two solid pages of churches and AIDS ministries signing on. He says "This piece of legislation is one of the most egregious and blatant pieces of discrimination ever passed as law. The other side argues that it only affects 1,000 people, but the military is the largest employer in the U.S. If they can do it, why can't AT&T?" As this newsletter goes to print, the U.S. Senate has voted to repeal the provision that would ban persons living with HIV from the military. It still faces a battle in the House of Representatives.

2) Authorization of Ryan White funds is still stalled in committee in the Senate, as part of a bigger Labor bill. Rev. South explains, "The prob-



Rev. Ken South

lem is other stuff in the bill, not the Ryan White funds." All the funding for HRSA (housing) is under the Continuing Resolution, which ends March 15, so we don't know what's going to happen. The prevailing wisdom is they'll just continue the Continuing Resolution until the new year. The President put in an emergency request for \$52 million additional dollars for Ryan White funds to expand treatment access, specifically access to the new protease inhibitors.

Rev. South urges that local church members continue to call and write their senators regarding Ryan White funds. There is a great urgency for these funds to be released. "We've got to get Ryan White re-authorized." At least one MCC-related AIDS Ministry, the MCC of Sacramento, CA, has lost its Ryan White funding, which means an end to their case management services.

Members are also urged to contact their representatives in the House regarding the bill to repeal the section of the arms and defense appropriations bill which would discriminate against military personnel living with HIV.

On the Interfaith front, Rev. South reports that for the first time at the annual International AIDS Conference, this year in Vancouver, BC, Canada, there will be an AIDS Interfaith Service. South believes this will be "a real witness to the conference." ANIN is co-chairing the event, and MCC will be actively involved. This first-time religious presence at the International AIDS Conference will be held on July 10. ♦

Positive Voices

(continued from page 1)

Myars feels he's benefited greatly from the group: "I've learned that God can take a bunch of nelly sick queens and take us far beyond where I thought possible. One of the disturbing things I've learned is that there's still so much fear about coming out. Many people come up to me and say I'd love to sing with that group, but I'm not ready to stand in front of the congregation, let alone the TV cameras, and say that I'm HIV-positive." In January, there were 30 men and one woman in Positive Voices.

"At the end of every rehearsal, we talk about everyone who's not there and why they're not there. We've attended too many memorial services. We've lost six from the group so far. Three of those were in the first three months, and that was quite devastating. We don't deny what's going on, but we turn it over to God at the end of the rehearsal. We're helping God by helping take care of the people within the group who may be sick.

"I think it's possible for other churches to do this. One of the good things about this is it's an alternative to the sanctuary choir, which is so busy and so demanding. Many of the HIV+ people who want to sing but can't keep up with that schedule, are finding a musical outlet within this group."

The compact disc was recorded, at least in part, because they wanted their music to be available far beyond Dallas, and they don't feel it would be feasible for

them to tour the way some groups do.

Nevertheless, the CD is a beautifully produced testament to their hope and faith. The music, some of which is original, is consistently well-performed and inspirational. One track features the Cathedral of Hope Sanctuary Choir and Orchestra performing "God Will Make a Way." Those who attended General Conference XVII in Atlanta will remember the stirring performance of this piece as well as the inspiring testimonies from persons living with HIV contained within the anthem.

Myars states, "It is certain that through AIDS, we have experienced much fear, along with many hardships, challenges, disappointments and discriminations...We are experiencing a healing that comes not in the form of a cure, but in the journey toward hope. And along that journey we are given a strength beyond our comprehension, a calming encouragement and an unwavering faith that we must, in turn, give away."

The CD is available through the UFMCC Resource Center, 5300 Santa Monica Blvd. #304, Los Angeles, CA 90029 USA; phone 213/464-5100; fax 213/464-2123; or through Sources of Hope, 5910 Cedar Springs Road, PO Box 35466, Dallas, TX 75235 USA; phone 214/351-1901 or 1-800/501-HOPE; fax 214/351-6099. ♦

Names Project Quilt Available to Local Churches; Entire Quilt to be Displayed in October

Small portions of the Names Project Quilt are available to local Metropolitan Community Churches and other religious institutions, through the National Interfaith Quilt Display Program.

Displaying the Quilt provides a special opportunity to encourage awareness, education, and spiritual reflection around the issues of HIV and AIDS. A display of the Quilt is a powerful way to motivate your community to show respect and compassion for those affected by AIDS.

The National Interfaith Quilt Display Program allows religious institutions to display small portions of the Quilt for a maximum of 30 days. The fee structure is based on \$200.00 for each 12' by 12' section with the option of displaying up to four 12' by 12's for a maximum of 30 days.

If a Names Project chapter is located near you, contact the chapter. The chapter may be able to support your event locally. If there is no chapter in your area, or it is unable to fulfill your display request, please contact Judy Noddin, Display Coordinator of the National Interfaith Quilt Program for an application and further instructions. She can be reached at The Names Project Foundation, 310 Townsend Street, Suite 310, San Francisco, CA 94107; phone 415/882-5500, fax 415/882-6200. There is a 90 day timeline to process the application.

The entire AIDS Memorial Quilt - an expected 45,000 individual panels - will be unfolded on the Mall in Washington, D.C. during the weekend of October 11-13, 1996. Twice the size of the 1992 Washington, D.C. display, the 1996 showing of the Quilt will demonstrate once again the tremendous human toll AIDS has taken, and will spur people who see it to action aimed at stopping the epidemic. Because of this undertaking, all other display activity will be closed between August 1 and November 22, 1996.

Also because of the October display at the Nation's Capitol, applications for an Interfaith World AIDS Day Display on December 1, 1996, must be submitted no later than August 1, 1996. ♦



POZ Presents Fifty Actions The U.S. President Could Take To Fight AIDS

POZ, the magazine for people impacted by HIV/AIDS, along with a coalition of AIDS organizations, have developed a list of 50 immediate actions President Clinton, or any U.S. President, could take to fight AIDS. The coalition includes the National Association of People with AIDS, Housing Works, PWA Coalition/New York and several ACT UP chapters.

The list covers a wide range of areas where the federal government could act, including health care delivery, housing, research, immigration, education and prevention, and advocacy. By using the powers of veto and executive order, each of these 50 actions could be taken with the stroke of a pen.

"Fifty For The Future" appears in the February/March issue of POZ. Some of the 50 actions the President could take to fight AIDS include:

- * Direct the Centers for Disease Control and Prevention (CDC) to oppose any mandatory HIV testing or AZT use during pregnancy;

- * Direct the Health Care Finance

Administration to mandate Medicaid coverage of HIV counseling and testing;

- * Veto any bill that weakens the budget authority of the National Institutes of Health (NIH) Office of AIDS Research (OAR) or fails to set fixed funding levels;

- * Stop blocking the proposed UCSF clinical trial comparing marijuana to Marinol for HIV-related pain, wasting, and nausea;

- * Order that CDC certify the usefulness of needle-exchange programs

to remove existing restrictions on using federal funds for such programs;

- * Appoint a surgeon general committed to frank AIDS prevention education, needle exchange, and a high profile on AIDS issues.

"During this Presidential primary season, the "Fifty For The Future" will be a handy guide for questioning Presidential candidates about their knowledge and positions on HIV/AIDS," said POZ's editor-in-chief David Drake. ♦

ALERT

ALERT is a quarterly newsletter containing information on AIDS Legislation, Education, Research and Treatment. The Editor is Rev. Dr. A. Stephen Pieters. For more information, please write: ALERT, 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029; or call 213/464-5100; fax 213/464-2123.

Memorial

(continued from page 1)



"Our theme this year is 'AIDS Discrimination Is A Global Epidemic,' Program Director Ben Carlson said. "Around the world, people with HIV and AIDS suffer discrimination caused by fear, ignorance, and misconcep-

Reviving The Tribe

(continued from page 1)

Rofes, a veteran community activist and leader, was a keynote speaker at UFMCC's 1995 General Conference XVII in Atlanta. He will be a consultant to UFMCC AIDS Ministry at a long-range planning meeting in July, 1996.

His twelve recommendations for regenerating community speak directly to the challenges faced by local Metropolitan Community Churches. MCC can take a leadership role in making these recommendations realities. Rofes acknowledges that MCC's and other gay/lesbian spiritual organizations "receive condescending, grudging acceptance by political activists, intellectuals, and service providers." He suggests that "the burgeoning need of gay men to sort things out spiritually should not be suppressed for political ends." (p.273).

The book speaks eloquently on issues for HIV-negative gay men. A number of MCC's are starting programs for those who are HIV-negative, acknowledging the need for support of this part of the community. Rofes' book is a great resource for those interested in these issues.

Rofes' book is a challenging look at the state of the gay male community today. His ideas and recommendations are important considerations for every MCC. ♦

AIDS Ministry Resources on The Internet

UFMCC AIDS Ministry resources are available on the Internet at <<http://www.thebody.com>>. The Body is cyberspace's first one-stop shop for reaching AIDS experts, organizations, and publications.

In addition to UFMCC AIDS Ministry pamphlets on living with HIV/AIDS, The Body features a bi-weekly column on Christian Spirituality and HIV/AIDS, written by Rev. Steve Pieters, Field Director of UFMCC AIDS Ministry and editor of ALERT. ♦

tions about the disease. We believe that policies that reduce the stigma of HIV, and build the self-esteem of people who are at risk for HIV or who have HIV, can create the environment of trust and cooperation necessary to change behavior and reduce HIV transmission. But discriminatory policies promote, rather than prevent, the continuing spread of HIV."

Additional information about HIV/AIDS discrimination is available on the Candlelight program's new site on the World Wide Web: (www.hooked.net/users/candle).

The International AIDS Candlelight Memorial and Mobilization is coordinated under the auspices of Mobilization Against AIDS, a San Francisco-based non-profit organization. MAA supplies event coordination kits to local groups, such as AIDS service organizations and churches, which then coordinate observances of the event. Local observances range in character from small gatherings in houses of worship to huge marches through city centers. In 1995, the event was observed in 250 cities in 47 nations, making it the world's largest annual community-based AIDS event.

Anyone interested in organizing a local observance of the 13th International AIDS Candlelight Memorial and Mobilization may call Mobilization Against AIDS at 415/863-4676, or may register online through the program's Web site. ♦

Conference Announcements

Strictly Positive Wellness Conference

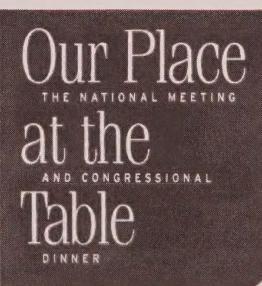
May 18, 1996; Walt Disney World, Florida. The third annual "Strictly Positive" Wellness Conference, free to all HIV/AIDS individuals, infected or affected. Sponsored by the Walt Disney World Dolphin, Walt Disney World Company and other corporations. For more information, write Michael Fuchs, Conference Coordinator, Hope and Help Center of Central Florida, Inc., 1935 Woodcrest Drive, Winter Park, Florida, USA 32792; phone 407/645-2577; fax 407/645-1570.

Our Place At The Table: Advocacy on U.S. Capitol Hill

May 19-21, 1996; Washington, D.C.

AIDSWatch 1996 Advocacy - Capitol Hill on May 21, 1996. For registration form, contact Conference Registrar; 1996 Our Place At The Table; 1931 - 13th Street, NW, Washington, DC 20009 USA; phone 202/483-6622; fax 202/483-1135.

Registration required by May 3, 1996.



(see Conference, page 6)

Medical News

Accessing Crixivan, A New Protease Inhibitor

The U.S. Food and Drug Administration (FDA) approved a new protease inhibitor, Crixivan, the first anti-HIV drug developed by Merck's AIDS research program. Crixivan disables the protease enzyme that enables HIV to replicate. Crixivan can be taken alone or in combination with other anti-HIV drugs such as AZT or 3TC.

Clinical trials have demonstrated that Crixivan treatment results in higher CD4 cell counts and reduced amounts of HIV in the blood. Crixivan is also generally well tolerated. Crixivan will wholesale for \$4,380 per year, or \$12 a day. This is less expensive than the other protease inhibitors, Invirase (saquinavir) and Norvir (ritonavir).

Crixivan is not available in drugstores at this time. Merck is building new production facilities, and must limit the initial distribution of Crixivan to ensure that all those who start Crixivan therapy will be able to continue the therapy uninterrupted. The new facilities will not be

operational until sometime after October of this year.

Until then, Crixivan will be available through Stadtlanders, a mail order service. To get Crixivan, physicians must fax prescriptions and an enrollment form to Stadtlanders at 1-800-238-1549.

To get information about Crixivan, assistance with insurance coverage or patient assistance programs, call Stadtlanders at 1-800-927-8888.

The limited supply of Crixivan will be distributed on a first come, first serve basis. Doctors must contact Stadtlanders, not patients. Patients must speak to their physicians about starting and maintaining Crixivan therapy. Therapy must not be interrupted.

For more information, contact Moises Agosto or Richard Ehara, Research and Treatment Advocacy Department, the National Minority AIDS Council, 1931 - 13th Street, NW, Washington, DC 20009, phone 202/483-6622; fax 202/483-1135. ♦

[The following two articles are reprinted with permission from AIDS Treatment News. "NTZ" was in Issue Number 239, January 19, 1996; "Ritonavir" was in Issue 243; March 15, 1996. To subscribe to ATN, write P.O. Box 411256, San Francisco, CA 94141.]

Ritonavir, Abbott Protease Inhibitor, Approved By U.S. FDA

With record speed, ritonavir (NorvirTM), Abbott Laboratories' protease inhibitor, was approved by the FDA on March 1, 1996 (one day after approval was recommended by the FDA's Antiviral Drugs Advisory Committee) - and was for sale in some pharmacies within a week.

Ritonavir is the only protease inhibitor which already has proven survival benefit (the others might work just as well, since they have comparable effects on viral load and CD4 counts, but they have not completed their clinical-endpoint trials yet, so no data on survival are available). But ritonavir has also raised more safety concerns than the others. It has strong interactions with many drugs used by persons with HIV; it should not be used concurrently with at least 22 of them, and requires dose reduction and/or monitoring with some others. Patients taking other medications must consult with their physicians before starting ritonavir. Abbott has prepared physician and patient instructions regarding potential drug interactions.

Other concerns are that ritonavir has little safety data beyond six months at this time. It strongly inhibits a specific liver enzyme, which presumably is in the body for a reason; blocking this enzyme for extended periods might cause problems. And we have heard more anecdotal reports of side effects with ritonavir than with the other protease inhibitors.

There is also the problem of resistance and cross resistance (especially cross resistance to Merck's Crixivan); this may be minimized by optimal use of the drug - by combining it with two or more other antivirals, and by not missing doses or taking "drug holidays."

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NTZ: Cryptosporidiosis New Treatment

By John S. James

A new drug which may be the best cryptosporidiosis treatment yet is now in small clinical trials. And a compassionate-access program has been announced by developer UNIMED Pharmaceuticals, Inc.

We first heard about NTZ (nitazoxanide) from a physician we know, who believes he acquired the parasite when public water supplies in the San Francisco area were heavily contaminated last winter. He received the drug by volunteering for a small trial in Mexico City. At first it did not work; he had to increase the usual starting dose (500 mg twice a day). Now the cryptosporidiosis, which had been serious enough to require TPN for several months, is largely controlled although not cured; stool tests are usually negative, but occasionally some diarrhea returns and stools become positive again. Although a course of treatment often lasts only 14 days, he has been on the drug for several months.

All 14 of the people in the Mexico City trial had their stools become negative for cryptosporidiosis. We do not know how many of them have continued with maintenance treatment.

NTZ can cause side effects of nausea and vomiting, so it is usually taken with a small amount of food. NTZ appears to be effective against many intestinal parasites; over 1,000 people have taken the drug so far, almost all outside the U.S. UNIMED recently started a phase III trial for persons with AIDS in Mexico.

In the U.S., a small study is now recruiting at Cornell Medical Center in New York City, and possibly at a second site in San Francisco. Those enrolled will be ran-

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Ritonavir

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It is likely that many people who could afford to wait a few months or more before starting protease inhibitors may choose to do so. By that time, the Merck drug will also be available; and physicians will know more about which drugs to choose and how to make best use of them. Combinations may work best when a patient starts all the drugs in the combination at about the same time, without extensive prior use of any of them.

Ritonavir is the most expensive antiviral; Abbott's charge to wholesalers is \$6500 per year. We found some confusion about retail prices; patients should check several pharmacies, including mail-order or other large pharmacies serving many persons with HIV, before making major purchasing decisions.

Because interrupting therapy can make one more likely to develop virus resistance to this and some other protease inhibitors, persons should avoid starting either ritonavir or indinavir unless they expect to be able to continue without interruptions.

For assistance in getting reimbursement for ritonavir, call 1-800/659-9050. ♦

Conferences

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Annual Conference For Pastoral Care and HIV/AIDS

May 29 - June 3, 1996, Merrimack College, North Andover, MA. Conference title: "From Cover to Cover: A Celebration of Story." For more information and registration, contact the Center for Ministries, Merrimack College, North Andover, MA 31845; phone 508/837-5337.

AIDS, Medicine and Miracles Conferences

April 12-14:	Denver, CO
May 30 - June 2:	Rhinebeck, NY
July:	Vancouver, BC
October 10:	Washington, DC
November:	Houston, TX

For more information, contact the AM&M office at P.O. Box 9130, Maxwell Building, 311 Mapleton, Boulder, CO 80301-9130; phone 303/447-8777; fax 303/447-3902; Toll free 1-800/875-8770.

XI International Conference on AIDS

July 7-12, 1996; Vancouver, British Columbia, Canada. To register, contact the Conference Secretariat, P.O. Box 48740, 595 Burrard Street, Vancouver, British Columbia, Canada, V7X 1T8, phone (Canada/US): 1-800/780-AIDS; Worldwide phone: 604/878-9995; fax 604/668-3242; e-mail: <aids96@hivnet.ubs.ca>. World Wide Web site: <<http://unixg.ubc.ca:780/-aids1> 1/aids96.html>.

U.S. National Lesbian & Gay Health Conference and AIDS/HIV Forum

July 13-17, 1996; the Westin Hotel, Seattle, WA. To register, contact NLGHA '96 Conference, P.O. Box 33022, Washington, DC 20033, fax 202/659-5559.

Cryptosporidiosis

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domly assigned to 14 days of treatment with 500, 1000, 1500, or 2000 mg per day, with 14 and 28 days additional courses of treatment available for those who do not have a complete response.

Also, a compassionate access program has been announced for those who cannot participate in the controlled study, due to eligibility restrictions or geography. But this program has only 30 slots, and is almost completely enrolled. It is open for persons ages 3-65, with exclusions for current infection with a number of other intestinal parasites, history of intestinal MAC or intestinal KS, concomitant use of other drugs to treat cryptosporidiosis or microsporidiosis, and some other exclusions.

We do not know of any other way to get NTZ at this time.

For more information about the trial or the compassionate access program, call Sandy Faulkner, R.N., 1-800/864-6330, 8-5 Central Time.

Comment: The number of slots in the expanded-access program is clearly inadequate, and certain to become an issue unless it is increased.

We have heard that the cost of producing NTZ is very low. The cost of administering a large expanded-access program could be significant. But the FDA has regulations to allow companies to charge to recover this cost. The developer could be reimbursed for any costs, and hire a contractor if necessary to administer the program.

If the program is limited because of safety concerns about a new drug, then the FDA should re-examine the risks vs. benefits. Many people die from cryptosporidiosis and there is no approved or satisfactory treatment. The fact that all 14 participants in an early trial became negative in stool tests implies that NTZ can at least control the disease for some period of time in a great majority of cases. A thousand people have used this drug; unless there is some major safety concern we do not know about, the risks of a larger program are clearly worth taking.

[Editor's note: A trial of NTZ will take place in Australia. The trial will be administered by John Bacon, the General Manager of Therapeutics at "MDA Pharma," a division of Medical Dynamics Australia. He is located in Mona Vale, NSW, and his phone number is 02-9997-7677. His fax number is 02-9997-1233.] ♦

Conferences (cont'd)

U.S. National Skills Building Conference

October 10-13, 1996, Washington, DC. For information and registration, contact: 1996 National Skills Building Conference, 1931 - 13th Street, NW, Washington, DC 20009-4432; phone 202/483-1124. ♦